

12,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	9,681	274,681	\$ 4,774,513.87	\$ 17.38	22.810	\$	493.18	\$ 396.49
@PHYSICIANS SERVICES	1,750	9,289	\$ 104,272.20	\$ 11.23	.771	\$	59.58	\$ 8.66
OUTPATIENT VISITS	13	25	857.03	34.28	.002		65.93	.07
OFFICE VISITS	11	20	507.07	25.35	.002		46.10	.04
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	3	5	349.96	69.99	.000		116.65	.03
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	1	12	161.40	13.45	.001		161.40	.01
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	12	161.40	13.45	.001		161.40	.01
OUTPATIENT SURGERY	3	15	358.78	23.92	.001		119.59	.03
PRINCIPAL SURGEON	1	3	148.96	49.65	.000		148.96	.01
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	2	12	209.82	17.49	.001		104.91	.02
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	6	8	88.36	11.05	.001		14.73	.01
RADIOLOGY	4	7	110.21	15.74	.001		27.55	.01
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	4	8	60.80	7.60	.001		15.20	.01
OTHER SERVICES/ALL X-OVERS	1,733	9,214	102,635.62	11.14	.765		59.22	8.52
@PHARMACY	8,302	202,619	\$ 2,643,527.08	\$ 13.05	16.826	\$	318.42	\$ 219.53
PRESCRIPTION DRUGS	8,117	34,316	2,535,314.71	73.88	2.850		312.35	210.54
SNF/ICF	182	1,440	97,513.68	67.72	.120		535.79	8.10
OUTPATIENTS	7,953	32,876	2,437,801.03	74.15	2.730		306.53	202.44
MEDICAL SUPPLIES	1,363	168,303	108,212.37	.64	13.976		79.39	8.99
@DENTIST	356	1,946	\$ 75,158.90	\$ 38.62	.162	\$	211.12	\$ 6.24
VISITS - DIAGNOSTIC	234	1,206	10,742.60	8.91	.100		45.91	.89
ORAL SURGERY	73	229	11,371.75	49.66	.019		155.78	.94
DRUGS	1	1	15.00	15.00	.000		15.00	.00
ANESTHESIA	3	3	300.00	100.00	.000		100.00	.02
PERIODONTICS	36	37	3,626.00	98.00	.003		100.72	.30
ENDODONTICS	13	22	4,915.00	223.41	.002		378.08	.41
RESTORATIVE DENTISTRY	63	164	11,212.40	68.37	.014		177.97	.93
PROSTHETICS	3	4	120.00	30.00	.000		40.00	.01
DENTURES, STAYPLATES	90	277	32,825.75	118.50	.023		364.73	2.73
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	1	1	30.40	30.40	.000		30.40	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	6	2	.00	.00	.000		.00	.00

KINGS COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10			
12,042 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	302	845	\$	16,279.35	\$ 19.27	.070	\$ 53.91	\$ 1.35	
DIAGNOSTIC AND ANC. PROCED	44	47		1,871.09	39.81	.004	42.52	.16	
EYE APPLIANCES	262	727		12,692.23	17.46	.060	48.44	1.05	
OTHER OPTOMETRIC SERVICES	47	71		1,716.03	24.17	.006	36.51	.14	
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.000	\$ 33.44	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	1	2		33.44	16.72	.000	33.44	.00	
@PODIATRIST	47	106	\$	812.59	\$ 7.67	.009	\$ 17.29	\$.07	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	47	106		812.59	7.67	.009	17.29	.07	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	5	\$	116.72	\$ 23.34	.000	\$ 38.91	\$.01	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	461	1,678	\$	496,621.27	\$ 295.96	.139	\$ 1077.27	\$ 41.24	
HOSP INPATIENT TOTAL	150	228		474,793.54	2082.43	.019	3165.29	39.43	
HSC HOSPITALS	3	5		3,861.67	772.33	.000	1287.22	.32	
NON-HSC HOSPITAL TOTAL	35	223		356,451.03	1598.44	.019	10184.32	29.60	
ACCOMMODATIONS	35	223		99,235.60	445.00	.019	2835.30	8.24	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	35	223		99,235.60	445.00	.019	2835.30	8.24	
ANCILLARIES	35	0		257,215.43	.00	.000	7349.01	21.36	
INPATIENT CROSSOVERS	112	0		114,480.84	.00	.000	1022.15	9.51	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	329	1,450		21,827.73	15.05	.120	66.35	1.81	
MEDICAL	5	10		405.72	40.57	.001	81.14	.03	
SURGERY	2	2		101.23	50.62	.000	50.62	.01	
PATHOLOGY	22	84		1,203.77	14.33	.007	54.72	.10	
RADIOLOGY	3	3		77.07	25.69	.000	25.69	.01	
ROOM USE	4	8		443.27	55.41	.001	110.82	.04	
CROSSOVERS/ALL OTH OUTPTNT	310	1,343		19,596.67	14.59	.112	63.22	1.63	
@COUNTY HOSPITAL TOTAL	2	2	\$	7.37	\$ 3.69	.000	\$ 3.69	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	2		7.37	3.69	.000	3.69	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	7.37	3.69	.000	3.69	.00

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KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

12,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	459	1,676	\$ 496,613.90	\$ 296.31	.139	\$ 1081.95	\$ 41.24
COMM HOSP INPATIENT TOTAL	150	228	474,793.54	2082.43	.019	3165.29	39.43
HSC HOSPITALS	3	5	3,861.67	772.33	.000	1287.22	.32
NON-HSC HOSPITALS TOTAL	35	223	356,451.03	1598.44	.019	10184.32	29.60
ACCOMMODATIONS	35	223	99,235.60	445.00	.019	2835.30	8.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	223	99,235.60	445.00	.019	2835.30	8.24
ANCILLARIES	35	0	257,215.43	.00	.000	7349.01	21.36
INPATIENT CROSSOVERS	112	0	114,480.84	.00	.000	1022.15	9.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	327	1,448	21,820.36	15.07	.120	66.73	1.81
MEDICAL	5	10	405.72	40.57	.001	81.14	.03
SURGERY	2	2	101.23	50.62	.000	50.62	.01
PATHOLOGY	22	84	1,203.77	14.33	.007	54.72	.10
RADIOLOGY	3	3	77.07	25.69	.000	25.69	.01
ROOM USE	4	8	443.27	55.41	.001	110.82	.04
CROSSOVERS/ALL OTH OUTPTNT	308	1,341	19,589.30	14.61	.111	63.60	1.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	219	4,710	\$ 898,063.12	\$ 190.67	.391	\$ 4100.74	\$ 74.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	351	203,604.57	580.07	.029	18509.51	16.91
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	213	4,359	694,458.55	159.32	.362	3260.37	57.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	77	1,313	\$ 50,018.14	\$ 38.09	.109	\$ 649.59	\$ 4.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	77	1,313	50,018.14	38.09	.109	649.59	4.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	57	\$ 403.45	\$ 7.08	.005	\$ 44.83	\$.03
PATHOLOGY	4	44	322.94	7.34	.004	80.74	.03
XO AND OTHERS	5	13	80.51	6.19	.001	16.10	.01
@ORGANIZED OUTPATIENT CLINIC	2,957	5,442	\$ 270,492.90	\$ 49.70	.452	\$ 91.48	\$ 22.46
CLINIC	3	3	60.94	20.31	.000	20.31	.01
SURGICENTER	76	81	12,750.19	157.41	.007	167.77	1.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,899	5,358	257,681.77	48.09	.445	88.89	21.40

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12,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,688	46,669	\$ 218,714.71	\$ 4.69	3.876	\$ 129.57	\$ 18.16
DURABLE MED. EQUIP.	27	46	4,759.31	103.46	.004	176.27	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	122	194	25,755.03	132.76	.016	211.11	2.14
MEDICAL TRANSPORTATION	255	26,923	70,525.95	2.62	2.236	276.57	5.86
AMBULANCES/AIR TRANS	41	202	5,144.50	25.47	.017	125.48	.43
OTHER TRANS	138	26,204	61,546.69	2.35	2.176	445.99	5.11
OTHER SERVICES	103	517	3,834.76	7.42	.043	37.23	.32
ACUPUNCTURE	2	4	86.50	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	6	129	8,993.22	69.71	.011	1498.87	.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	99	382	33,107.76	86.67	.032	334.42	2.75
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	254	535	6,554.30	12.25	.044	25.80	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	13	27.06	2.08	.001	3.38	.00
PROSTHETIST/ORTHOTISTS	6	19	499.69	26.30	.002	83.28	.04
PROSTHETICS	6	19	499.69	26.30	.002	83.28	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.00
SPEECH AND AUDIOLOGY	64	125	18,440.20	147.52	.010	288.13	1.53
HOSPICE SERVICES	6	146	17,787.18	121.83	.012	2964.53	1.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,001	18,152	32,140.02	1.77	1.507	32.11	2.67
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3,127	29,858	\$ 498,280.29	\$ 16.69	2.479	\$ 159.35	\$ 41.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

1,139 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	966	42,157	\$ 1,123,313.49	\$ 26.65	37.012	\$ 1162.85	\$ 986.23
@PHYSICIANS SERVICES	309	1,749	\$ 54,778.88	\$ 31.32	1.536	\$ 177.28	\$ 48.09
OUTPATIENT VISITS	107	173	8,892.56	51.40	.152	83.11	7.81
OFFICE VISITS	53	71	2,259.27	31.82	.062	42.63	1.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	49	72	5,497.98	76.36	.063	112.20	4.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	18	30	1,135.31	37.84	.026	63.07	1.00
INPATIENT VISITS	25	118	5,681.62	48.15	.104	227.26	4.99
HOSPITAL VISITS	24	73	3,777.28	51.74	.064	157.39	3.32
CRITICAL CARE	1	13	1,580.80	121.60	.011	1580.80	1.39

SNF/ICF/TRANS IP CARE	2	32		323.54		10.11	.028	161.77		.28
OPHTHALMOLOGICAL SERVICES	16	23		951.46		41.37	.020	59.47		.84
EXAMINATIONS	16	23		951.46		41.37	.020	59.47		.84
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	11	58		4,073.33		70.23	.051	370.30		3.58
PRINCIPAL SURGEON	6	12		3,112.88		259.41	.011	518.81		2.73
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	6	46		960.45		20.88	.040	160.08		.84
OUTPATIENT SURGERY	31	92		13,119.10		142.60	.081	423.20		11.52
PRINCIPAL SURGEON	26	32		11,765.09		367.66	.028	452.50		10.33
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	9	60		1,354.01		22.57	.053	150.45		1.19
DIALYSIS	12	116		6,029.38		51.98	.102	502.45		5.29
PATHOLOGY	17	39		688.76		17.66	.034	40.52		.60
RADIOLOGY	75	136		4,544.32		33.41	.119	60.59		3.99
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	6	6		301.60		50.27	.005	50.27		.26
OTHER SERVICES/ALL X-OVERS	179	988		10,496.75		10.62	.867	58.64		9.22
@PHARMACY	796	31,692	\$	408,777.03	\$	12.90	27.824	\$ 513.54	\$	358.89
PRESCRIPTION DRUGS	766	3,873		386,094.10		99.69	3.400	504.04		338.98
SNF/ICF	5	34		1,771.56		52.10	.030	354.31		1.56
OUTPATIENTS	762	3,839		384,322.54		100.11	3.371	504.36		337.42
MEDICAL SUPPLIES	219	27,819		22,682.93		.82	24.424	103.58		19.91
@DENTIST	36	201	\$	7,667.50	\$	38.15	.176	\$ 212.99	\$	6.73
VISITS - DIAGNOSTIC	24	136		1,467.50		10.79	.119	61.15		1.29
ORAL SURGERY	6	11		535.00		48.64	.010	89.17		.47
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.001	100.00		.09
PERIODONTICS	2	2		236.00		118.00	.002	118.00		.21
ENDODONTICS	2	2		590.00		295.00	.002	295.00		.52
RESTORATIVE DENTISTRY	9	12		1,684.00		140.33	.011	187.11		1.48
PROSTHETICS	0	0		.00		.00	.000	.00		.00

DENTURES, STAYPLATES	6	37	3,055.00	82.57	.032	509.17	2.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,806
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,139 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	72	\$ 2,254.74	\$ 31.32	.063	\$ 83.51	\$ 1.98
DIAGNOSTIC AND ANC. PROCED	8	11	413.27	37.57	.010	51.66	.36
EYE APPLIANCES	23	59	1,813.46	30.74	.052	78.85	1.59
OTHER OPTOMETRIC SERVICES	1	2	28.01	14.01	.002	28.01	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 5.39	\$ 2.70	.002	\$ 5.39	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	5.39	2.70	.002	5.39	.00
@HOME HEALTH AGENCY	3	77	\$ 5,658.05	\$ 73.48	.068	\$ 1886.02	\$ 4.97
NURSE ANESTHESIST	1	4	\$ 92.79	\$ 23.20	.004	\$ 92.79	\$.08
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	174	1,616	\$ 283,179.58	\$ 175.23	1.419	\$ 1627.47	\$ 248.62
HOSP INPATIENT TOTAL	31	211	245,607.67	1164.02	.185	7922.83	215.63
HSC HOSPITALS	5	22	35,460.00	1611.82	.019	7092.00	31.13
NON-HSC HOSPITAL TOTAL	11	189	197,927.22	1047.23	.166	17993.38	173.77
ACCOMMODATIONS	11	189	80,694.21	426.95	.166	7335.84	70.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	189	80,694.21	426.95	.166	7335.84	70.85
ANCILLARIES	11	0	117,233.01	.00	.000	10657.55	102.93
INPATIENT CROSSOVERS	15	0	12,220.45	.00	.000	814.70	10.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	152	1,405	37,571.91	26.74	1.234	247.18	32.99
MEDICAL	52	197	11,426.84	58.00	.173	219.75	10.03
SURGERY	21	24	1,760.87	73.37	.021	83.85	1.55
PATHOLOGY	75	398	5,134.09	12.90	.349	68.45	4.51
RADIOLOGY	44	72	6,229.80	86.53	.063	141.59	5.47
ROOM USE	64	122	6,172.80	50.60	.107	96.45	5.42
CROSSOVERS/ALL OTH OUTPTNT	85	592	6,847.51	11.57	.520	80.56	6.01
@COUNTY HOSPITAL TOTAL	2	10	\$ 144.65	\$ 14.47	.009	\$ 72.33	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	144.65	14.47	.009	72.33	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	108.15	12.02	.008	108.15	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.50	36.50	.001	36.50	.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,807
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	1,139 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172		1,606	\$ 283,034.93	\$ 176.24	1.410	\$ 1645.55	\$ 248.49
COMM HOSP INPATIENT TOTAL	31		211	245,607.67	1164.02	.185	7922.83	215.63
HSC HOSPITALS	5		22	35,460.00	1611.82	.019	7092.00	31.13
NON-HSC HOSPITALS TOTAL	11		189	197,927.22	1047.23	.166	17993.38	173.77
ACCOMMODATIONS	11		189	80,694.21	426.95	.166	7335.84	70.85
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11		189	80,694.21	426.95	.166	7335.84	70.85
ANCILLARIES	11		0	117,233.01	.00	.000	10657.55	102.93
INPATIENT CROSSOVERS	15		0	12,220.45	.00	.000	814.70	10.73
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	150		1,395	37,427.26	26.83	1.225	249.52	32.86
MEDICAL	52		197	11,426.84	58.00	.173	219.75	10.03
SURGERY	21		24	1,760.87	73.37	.021	83.85	1.55
PATHOLOGY	74		389	5,025.94	12.92	.342	67.92	4.41
RADIOLOGY	44		72	6,229.80	86.53	.063	141.59	5.47
ROOM USE	63		121	6,136.30	50.71	.106	97.40	5.39
CROSSOVERS/ALL OTH OUTPTNT	85		592	6,847.51	11.57	.520	80.56	6.01
@STATE HOSPITAL	9		247	\$ 110,609.83	\$ 447.81	.217	\$ 12289.98	\$ 97.11
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9		247	110,609.83	447.81	.217	12289.98	97.11
@NURSING FACILITY	11		97	\$ 57,454.89	\$ 592.32	.085	\$ 5223.17	\$ 50.44
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3		77	44,665.39	580.07	.068	14888.46	39.21
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	8		20	12,789.50	639.48	.018	1598.69	11.23
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	76		1,400	\$ 77,765.85	\$ 55.55	1.229	\$ 1023.23	\$ 68.28
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	76		1,400	77,765.85	55.55	1.229	1023.23	68.28
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	44		155	\$ 1,747.75	\$ 11.28	.136	\$ 39.72	\$ 1.53
PATHOLOGY	39		138	1,688.16	12.23	.121	43.29	1.48
XO AND OTHERS	5		17	59.59	3.51	.015	11.92	.05

@ORGANIZED OUTPATIENT CLINIC	319	594	\$	74,792.39	\$	125.91	.522	\$	234.46	\$	65.66
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	4	16		1,305.97		81.62	.014		326.49		1.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	317	578		73,486.42		127.14	.507		231.82		64.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,808
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	1,139 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	192		4,251	\$ 38,528.82	\$ 9.06	3.732	\$ 200.67	\$ 33.83
DURABLE MED. EQUIP.	18		57	2,997.02	52.58	.050	166.50	2.63
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8		13	1,117.96	86.00	.011	139.75	.98
MEDICAL TRANSPORTATION	55		3,542	14,644.65	4.13	3.110	266.27	12.86
AMBULANCES/AIR TRANS	30		658	6,244.58	9.49	.578	208.15	5.48
OTHER TRANS	24		2,827	8,113.27	2.87	2.482	338.05	7.12
OTHER SERVICES	9		57	286.80	5.03	.050	31.87	.25
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	21		204	8,833.54	43.30	.179	420.64	7.76
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	18		44	4,054.16	92.14	.039	225.23	3.56
PHYSICAL THERAPIST	1		22	307.87	13.99	.019	307.87	.27
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1		3	265.92	88.64	.003	265.92	.23
SPEECH AND AUDIOLOGY	4		8	3,314.78	414.35	.007	828.70	2.91
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21		93	1,277.16	13.73	.082	60.82	1.12
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	74		265	1,715.76	6.47	.233	23.19	1.51
@CALIF. CHILDREN SERVICES*	27		545	\$ 52,280.83	\$ 95.93	.478	\$ 1936.33	\$ 45.90
@XOVER EXCLUDING STATE HOSP**	256		2,162	\$ 82,481.91	\$ 38.15	1.898	\$ 322.19	\$ 72.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,809
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

	40,456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,022		1,299,175	\$ 25,836,081.72	\$ 19.89	32.113	\$ 759.39	\$ 638.62
@PHYSICIANS SERVICES	9,189		41,116	\$ 1,367,761.33	\$ 33.27	1.016	\$ 148.85	\$ 33.81
OUTPATIENT VISITS	4,236		6,537	336,042.61	51.41	.162	79.33	8.31
OFFICE VISITS	1,571		2,191	64,437.90	29.41	.054	41.02	1.59
HOME VISITS	6		7	247.00	35.29	.000	41.17	.01
EMERGENCY ROOM	2,382		3,551	241,189.88	67.92	.088	101.26	5.96

PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI	47	164	6,210.61	37.87	.004	132.14	.15
OTHER OUTPATIENT	479	622	23,865.00	38.37	.015	49.82	.59
INPATIENT VISITS	761	3,677	184,762.13	50.25	.091	242.79	4.57
HOSPITAL VISITS	658	3,335	147,705.27	44.29	.082	224.48	3.65
CRITICAL CARE	36	200	31,867.48	159.34	.005	885.21	.79
SNF/ICF/TRANS IP CARE	114	142	5,189.38	36.54	.004	45.52	.13
OPHTHALMOLOGICAL SERVICES	131	165	6,535.38	39.61	.004	49.89	.16
EXAMINATIONS	131	165	6,535.38	39.61	.004	49.89	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	263	1,293	128,267.43	99.20	.032	487.71	3.17
PRINCIPAL SURGEON	214	312	103,147.81	330.60	.008	482.00	2.55
ASSISTANT SURGEON	26	26	5,827.25	224.13	.001	224.13	.14
ANESTHESIOLOGIST	78	955	19,292.37	20.20	.024	247.34	.48
OUTPATIENT SURGERY	536	1,583	105,974.29	66.95	.039	197.71	2.62
PRINCIPAL SURGEON	445	543	89,472.01	164.77	.013	201.06	2.21
ASSISTANT SURGEON	3	3	575.21	191.74	.000	191.74	.01
ANESTHESIOLOGIST	115	1,037	15,927.07	15.36	.026	138.50	.39
DIALYSIS	51	255	19,615.85	76.92	.006	384.62	.48
PATHOLOGY	585	2,793	25,989.36	9.31	.069	44.43	.64
RADIOLOGY	2,415	4,619	128,221.95	27.76	.114	53.09	3.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	254	5,528	204,245.72	36.95	.137	804.12	5.05
OTHER SERVICES/ALL X-OVERS	4,502	14,666	228,106.61	15.55	.363	50.67	5.64
@PHARMACY	27,003	794,882	\$ 11,403,087.99	\$ 14.35	19.648	\$ 422.29	\$ 281.86
PRESCRIPTION DRUGS	26,406	125,221	10,789,665.90	86.16	3.095	408.61	266.70
SNF/ICF	432	4,014	334,175.81	83.25	.099	773.56	8.26
OUTPATIENTS	26,046	121,207	10,455,490.09	86.26	2.996	401.42	258.44
MEDICAL SUPPLIES	3,928	669,661	613,422.09	.92	16.553	156.17	15.16
@DENTIST	1,806	9,885	\$ 325,113.59	\$ 32.89	.244	\$ 180.02	\$ 8.04
VISITS - DIAGNOSTIC	1,304	6,764	70,881.80	10.48	.167	54.36	1.75
ORAL SURGERY	300	759	43,161.00	56.87	.019	143.87	1.07
DRUGS	5	11	175.00	15.91	.000	35.00	.00
ANESTHESIA	44	48	4,200.00	87.50	.001	95.45	.10
PERIODONTICS	202	246	23,350.00	94.92	.006	115.59	.58
ENDODONTICS	131	211	43,536.00	206.33	.005	332.34	1.08
RESTORATIVE DENTISTRY	433	1,129	75,732.50	67.08	.028	174.90	1.87
PROSTHETICS	21	21	625.00	29.76	.001	29.76	.02
DENTURES, STAYPLATES	163	536	51,515.50	96.11	.013	316.05	1.27
SPACE MAINTAINERS	8	11	915.00	83.18	.000	114.38	.02
MAXILLOFACIAL SERVICES	53	58	5,401.79	93.13	.001	101.92	.13
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	47	55	4,745.00	86.27	.001	100.96	.12
ALL OTHER SERVICES	37	35	75.00	2.14	.001	2.03	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,810
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			

	40,456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		1,264	3,833	\$ 82,502.64	\$ 21.52	.095	\$ 65.27	\$ 2.04
DIAGNOSTIC AND ANC. PROCED		716	791	31,327.37	39.60	.020	43.75	.77
EYE APPLIANCES		1,041	2,974	48,846.52	16.42	.074	46.92	1.21
OTHER OPTOMETRIC SERVICES		64	68	2,328.75	34.25	.002	36.39	.06
@CHIROPRACTOR		39	85	\$ 1,396.12	\$ 16.42	.002	\$ 35.80	\$.03
VISITS		36	81	1,345.96	16.62	.002	37.39	.03

OTHER SERVICES	3	4		50.16	12.54	.000	16.72	.00
@PODIATRIST	69	135	\$	1,913.08	\$ 14.17	.003	\$ 27.73	\$.05
MEDICINE/INJECTIONS	20	30		720.00	24.00	.001	36.00	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	51	105		1,193.08	11.36	.003	23.39	.03
@HOME HEALTH AGENCY	157	1,077	\$	75,613.95	\$ 70.21	.027	\$ 481.62	\$ 1.87
NURSE ANESTHESIST	16	164	\$	2,423.53	\$ 14.78	.004	\$ 151.47	\$.06
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	8	10	\$	203.08	\$ 20.31	.000	\$ 25.39	\$.01
@TOTAL HOSPITAL	6,339	40,639	\$	5,724,667.07	\$ 140.87	1.005	\$ 903.09	\$ 141.50
HOSP INPATIENT TOTAL	749	3,148		4,825,590.30	1532.91	.078	6442.71	119.28
HSC HOSPITALS	165	1,416		2,214,955.59	1564.23	.035	13423.97	54.75
NON-HSC HOSPITAL TOTAL	385	1,732		2,408,963.09	1390.86	.043	6257.05	59.55
ACCOMMODATIONS	383	1,732		739,614.28	427.03	.043	1931.11	18.28
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	382	1,731		739,382.98	427.14	.043	1935.56	18.28
ANCILLARIES	384	0		1,669,348.81	.00	.000	4347.26	41.26
INPATIENT CROSSEOVERS	204	0		201,671.62	.00	.000	988.59	4.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,917	37,491		899,076.77	23.98	.927	151.95	22.22
MEDICAL	1,849	3,677		137,567.63	37.41	.091	74.40	3.40
SURGERY	352	409		18,894.80	46.20	.010	53.68	.47
PATHOLOGY	3,063	16,510		207,177.86	12.55	.408	67.64	5.12
RADIOLOGY	1,656	2,471		198,974.64	80.52	.061	120.15	4.92
ROOM USE	2,780	4,383		176,652.82	40.30	.108	63.54	4.37
CROSSEOVERS/ALL OTH OUTPTNT	2,449	10,041		159,809.02	15.92	.248	65.25	3.95
@COUNTY HOSPITAL TOTAL	33	139	\$	18,053.37	\$ 129.88	.003	\$ 547.07	\$.45
CO HOSPITAL INPATIENT TOTAL	3	13		15,535.00	1195.00	.000	5178.33	.38
HSC HOSPITALS	3	13		15,535.00	1195.00	.000	5178.33	.38

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	30	126	2,518.37	19.99	.003	83.95	.06
MEDICAL	7	12	390.18	32.52	.000	55.74	.01
SURGERY	1	1	76.46	76.46	.000	76.46	.00
PATHOLOGY	16	44	486.26	11.05	.001	30.39	.01
RADIOLOGY	1	1	26.22	26.22	.000	26.22	.00
ROOM USE	12	14	666.63	47.62	.000	55.55	.02
CROSSOVERS/ALL OTH OUTPTNT	13	54	872.62	16.16	.001	67.12	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,811
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

		----- MONTHLY AVERAGE -----						
40,456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,312	40,500	\$ 5,706,613.70	\$ 140.90	1.001	\$ 904.09	\$ 141.06	
COMM HOSP INPATIENT TOTAL	746	3,135	4,810,055.30	1534.31	.077	6447.80	118.90	
HSC HOSPITALS	162	1,403	2,199,420.59	1567.66	.035	13576.67	54.37	
NON-HSC HOSPITALS TOTAL	385	1,732	2,408,963.09	1390.86	.043	6257.05	59.55	
ACCOMMODATIONS	383	1,732	739,614.28	427.03	.043	1931.11	18.28	
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	382	1,731	739,382.98	427.14	.043	1935.56	18.28	
ANCILLARIES	384	0	1,669,348.81	.00	.000	4347.26	41.26	
INPATIENT CROSSOVERS	204	0	201,671.62	.00	.000	988.59	4.98	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,893	37,365	896,558.40	23.99	.924	152.14	22.16	
MEDICAL	1,844	3,665	137,177.45	37.43	.091	74.39	3.39	
SURGERY	352	408	18,818.34	46.12	.010	53.46	.47	
PATHOLOGY	3,049	16,466	206,691.60	12.55	.407	67.79	5.11	
RADIOLOGY	1,655	2,470	198,948.42	80.55	.061	120.21	4.92	
ROOM USE	2,771	4,369	175,986.19	40.28	.108	63.51	4.35	
CROSSOVERS/ALL OTH OUTPTNT	2,439	9,987	158,936.40	15.91	.247	65.16	3.93	
@STATE HOSPITAL	1	27	\$ 12,636.27	\$ 468.01	.001	\$ 12636.27	\$.31	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	1	27	12,636.27	468.01	.001	12636.27	.31	
@NURSING FACILITY	284	7,699	\$ 1,116,131.89	\$ 144.97	.190	\$ 3930.04	\$ 27.59	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	29	1,020	127,180.05	124.69	.025	4385.52	3.14	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	12	304	160,296.22	527.29	.008	13358.02	3.96	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	250	6,375	828,655.62	129.99	.158	3314.62	20.48	
@INTERMEDIATE CARE FACIL.-DD	51	1,547	\$ 275,317.22	\$ 177.97	.038	\$ 5398.38	\$ 6.81	
ICF DDH	37	1,093	188,304.13	172.28	.027	5089.30	4.65	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	14	454	87,013.09	191.66	.011	6215.22	2.15	
@HEMODIALYSIS TOTAL	297	4,001	\$ 373,530.46	\$ 93.36	.099	\$ 1257.68	\$ 9.23	
HOSPITAL BASED	3	5	13,070.10	2614.02	.000	4356.70	.32	
HEMODIALYSIS CENTER	294	3,996	360,460.36	90.21	.099	1226.06	8.91	

@REHABILITATION FACILITY	61	188	\$	7,700.86	\$	40.96	.005	\$	126.24	\$	.19
HOSPITAL BASED	61	188		7,700.86		40.96	.005		126.24		.19
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,414	4,909	\$	70,137.67	\$	14.29	.121	\$	49.60	\$	1.73
PATHOLOGY	1,392	4,842		69,762.02		14.41	.120		50.12		1.72
XO AND OTHERS	22	67		375.65		5.61	.002		17.08		.01
@ORGANIZED OUTPATIENT CLINIC	13,852	28,159	\$	3,961,034.02	\$	140.67	.696	\$	285.95	\$	97.91
CLINIC	128	400		8,363.53		20.91	.010		65.34		.21
SURGICENTER	133	487		25,683.23		52.74	.012		193.11		.63
HEROIN DETOX CLINIC	4	80		751.29		9.39	.002		187.82		.02
RURAL HEALTH CLINIC	13,687	27,192		3,926,235.97		144.39	.672		286.86		97.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,812
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
40,456 ELIGIBLES							
@ALL OTHER PROVIDERS	5,903	360,819	\$ 1,034,910.95	\$ 2.87	8.919	\$ 175.32	\$ 25.58
DURABLE MED. EQUIP.	563	1,398	317,512.92	227.12	.035	563.97	7.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	179	288	23,628.88	82.04	.007	132.00	.58
MEDICAL TRANSPORTATION	1,308	63,393	327,322.33	5.16	1.567	250.25	8.09
AMBULANCES/AIR TRANS	934	18,401	193,457.93	10.51	.455	207.13	4.78
OTHER TRANS	217	43,781	109,092.02	2.49	1.082	502.73	2.70
OTHER SERVICES	254	1,211	24,772.38	20.46	.030	97.53	.61
ACUPUNCTURE	3	6	118.94	19.82	.000	39.65	.00
ADULT DAY HEALTH CARE CTR	29	329	22,912.70	69.64	.008	790.09	.57
GENETIC DISEASE TESTING	11	11	1,107.00	100.64	.000	100.64	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	62	180	17,256.14	95.87	.004	278.32	.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	954	2,045	23,205.77	11.35	.051	24.32	.57
PHYSICAL THERAPIST	8	99	1,228.15	12.41	.002	153.52	.03
PORTABLE X-RAY	14	35	710.44	20.30	.001	50.75	.02
PROSTHETIST/ORTHOTISTS	68	183	34,101.39	186.35	.005	501.49	.84
PROSTHETICS	67	182	33,982.31	186.72	.004	507.20	.84
ORTHOTICS	1	1	119.08	119.08	.000	119.08	.00
PSYCHOLOGIST	9	32	2,440.73	76.27	.001	271.19	.06
SPEECH AND AUDIOLOGY	124	367	18,039.18	49.15	.009	145.48	.45
HOSPICE SERVICES	19	376	47,463.44	126.23	.009	2498.08	1.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,268	11,569	96,963.39	8.38	.286	76.47	2.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,769	280,508	100,899.55	.36	6.934	57.04	2.49
@CALIF. CHILDREN SERVICES*	813	25,532	\$ 1,985,199.64	\$ 77.75	.631	\$ 2441.82	\$ 49.07
@XOVER EXCLUDING STATE HOSP**	4,285	37,051	\$ 673,732.45	\$ 18.18	.916	\$ 157.23	\$ 16.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,813
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
83,033 ELIGIBLES							

@TOTAL, ALL PROVIDERS	46,044	216,278	\$	12,474,415.69	\$	57.68	2.605	\$	270.92	\$	150.23
@PHYSICIANS SERVICES	10,724	26,728	\$	1,060,297.76	\$	39.67	.322	\$	98.87	\$	12.77
OUTPATIENT VISITS	7,476	10,562		446,903.03		42.31	.127		59.78		5.38
OFFICE VISITS	2,915	3,703		111,519.44		30.12	.045		38.26		1.34
HOME VISITS	8	9		514.73		57.19	.000		64.34		.01
EMERGENCY ROOM	4,181	4,733		259,160.41		54.76	.057		61.99		3.12
PREVENTIVE CARE	6	7		308.66		44.09	.000		51.44		.00
OB VISITS/COMPRE PERI	485	1,858		67,554.99		36.36	.022		139.29		.81
OTHER OUTPATIENT	231	252		7,844.80		31.13	.003		33.96		.09
INPATIENT VISITS	424	1,208		80,483.39		66.63	.015		189.82		.97
HOSPITAL VISITS	397	910		46,036.38		50.59	.011		115.96		.55
CRITICAL CARE	28	227		31,152.16		137.23	.003		1112.58		.38
SNF/ICF/TRANS IP CARE	10	71		3,294.85		46.41	.001		329.49		.04
OPHTHALMOLOGICAL SERVICES	47	66		2,466.53		37.37	.001		52.48		.03
EXAMINATIONS	47	66		2,466.53		37.37	.001		52.48		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	462	2,009		197,462.58		98.29	.024		427.41		2.38
PRINCIPAL SURGEON	315	347		160,880.09		463.63	.004		510.73		1.94
ASSISTANT SURGEON	65	65		11,406.64		175.49	.001		175.49		.14
ANESTHESIOLOGIST	143	1,597		25,175.85		15.76	.019		176.05		.30
OUTPATIENT SURGERY	777	1,950		124,234.28		63.71	.023		159.89		1.50
PRINCIPAL SURGEON	665	779		103,409.87		132.75	.009		155.50		1.25
ASSISTANT SURGEON	7	7		987.22		141.03	.000		141.03		.01
ANESTHESIOLOGIST	194	1,164		19,837.19		17.04	.014		102.25		.24
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	891	1,369		22,858.33		16.70	.016		25.65		.28
RADIOLOGY	2,510	3,505		93,090.48		26.56	.042		37.09		1.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	189	256		7,265.99		28.38	.003		38.44		.09
OTHER SERVICES/ALL X-OVERS	2,124	5,803		85,533.15		14.74	.070		40.27		1.03
@PHARMACY	20,607	66,119	\$	2,109,523.27	\$	31.90	.796	\$	102.37	\$	25.41
PRESCRIPTION DRUGS	20,384	51,110		2,049,974.39		40.11	.616		100.57		24.69
SNF/ICF	38	293		39,878.22		136.10	.004		1049.43		.48
OUTPATIENTS	20,349	50,817		2,010,096.17		39.56	.612		98.78		24.21
MEDICAL SUPPLIES	873	15,009		59,548.88		3.97	.181		68.21		.72
@DENTIST	3,682	22,300	\$	601,772.30	\$	26.99	.269	\$	163.44	\$	7.25
VISITS - DIAGNOSTIC	2,964	16,391		213,203.50		13.01	.197		71.93		2.57
ORAL SURGERY	493	1,065		68,588.13		64.40	.013		139.12		.83
DRUGS	14	18		310.00		17.22	.000		22.14		.00
ANESTHESIA	61	64		6,500.00		101.56	.001		106.56		.08
PERIODONTICS	88	89		9,443.00		106.10	.001		107.31		.11
ENDODONTICS	292	540		67,328.00		124.68	.007		230.58		.81
RESTORATIVE DENTISTRY	1,090	3,446		184,255.09		53.47	.042		169.04		2.22
PROSTHETICS	14	16		300.00		18.75	.000		21.43		.00
DENTURES, STAYPLATES	22	98		11,132.00		113.59	.001		506.00		.13
SPACE MAINTAINERS	52	62		7,828.00		126.26	.001		150.54		.09
MAXILLOFACIAL SERVICES	132	135		14,069.58		104.22	.002		106.59		.17
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	197	277		17,615.00		63.59	.003		89.42		.21
ALL OTHER SERVICES	96	99		1,200.00		12.12	.001		12.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 4,814
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

83,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	1,426	4,452	\$	100,659.85	\$	22.61	.054	\$	70.59	\$	1.21
DIAGNOSTIC AND ANC. PROCED	1,212	1,304		54,134.24		41.51	.016		44.67		.65
EYE APPLIANCES	1,101	3,137		46,248.65		14.74	.038		42.01		.56
OTHER OPTOMETRIC SERVICES	10	11		276.96		25.18	.000		27.70		.00
@CHIROPRACTOR	18	28	\$	455.62	\$	16.27	.000	\$	25.31	\$	.01
VISITS	18	28		455.62		16.27	.000		25.31		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	15	\$	447.51	\$	29.83	.000	\$	63.93	\$	.01
MEDICINE/INJECTIONS	7	7		162.32		23.19	.000		23.19		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	4		72.64		18.16	.000		36.32		.00
OTHER	3	4		212.55		53.14	.000		70.85		.00
@HOME HEALTH AGENCY	83	201	\$	12,111.11	\$	60.25	.002	\$	145.92	\$	.15
NURSE ANESTHESIST	50	274	\$	6,000.14	\$	21.90	.003	\$	120.00	\$	.07
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	7	\$	191.30	\$	27.33	.000	\$	63.77	\$	.00
@TOTAL HOSPITAL	7,467	28,491	\$	3,197,308.89	\$	112.22	.343	\$	428.19	\$	38.51
HOSP INPATIENT TOTAL	511	1,853		2,484,333.72		1340.71	.022		4861.71		29.92
HSC HOSPITALS	106	550		932,809.15		1696.02	.007		8800.09		11.23
NON-HSC HOSPITAL TOTAL	411	1,303		1,551,524.57		1190.73	.016		3775.00		18.69
ACCOMMODATIONS	410	1,303		578,703.69		444.13	.016		1411.47		6.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	410	1,303		578,703.69		444.13	.016		1411.47		6.97
ANCILLARIES	411	0		972,820.88		.00	.000		2366.96		11.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,161	26,638		712,975.17		26.77	.321		99.56		8.59
MEDICAL	1,971	3,224		109,594.73		33.99	.039		55.60		1.32
SURGERY	664	736		30,192.23		41.02	.009		45.47		.36
PATHOLOGY	2,567	9,455		114,894.83		12.15	.114		44.76		1.38
RADIOLOGY	1,830	2,383		145,027.43		60.86	.029		79.25		1.75
ROOM USE	4,718	5,903		235,420.86		39.88	.071		49.90		2.84
CROSSOVERS/ALL OTH OUTPTNT	2,673	4,937		77,845.09		15.77	.059		29.12		.94
@COUNTY HOSPITAL TOTAL	47	140	\$	14,588.31	\$	104.20	.002	\$	310.39	\$	.18
CO HOSPITAL INPATIENT TOTAL	3	7		9,452.00		1350.29	.000		3150.67		.11
HSC HOSPITALS	3	7		9,452.00		1350.29	.000		3150.67		.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	46	133		5,136.31		38.62	.002		111.66		.06
MEDICAL	20	27		1,114.43		41.28	.000		55.72		.01
SURGERY	6	8		669.51		83.69	.000		111.59		.01
PATHOLOGY	7	35		591.26		16.89	.000		84.47		.01
RADIOLOGY	6	9		330.68		36.74	.000		55.11		.00
ROOM USE	27	37		1,705.54		46.10	.000		63.17		.02
CROSSOVERS/ALL OTH OUTPTNT	11	17		724.89		42.64	.000		65.90		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,815
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

83,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,431	28,351	\$ 3,182,720.58	\$ 112.26	.341	\$ 428.30	\$ 38.33
COMM HOSP INPATIENT TOTAL	508	1,846	2,474,881.72	1340.67	.022	4871.81	29.81
HSC HOSPITALS	103	543	923,357.15	1700.47	.007	8964.63	11.12
NON-HSC HOSPITALS TOTAL	411	1,303	1,551,524.57	1190.73	.016	3775.00	18.69
ACCOMMODATIONS	410	1,303	578,703.69	444.13	.016	1411.47	6.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	410	1,303	578,703.69	444.13	.016	1411.47	6.97
ANCILLARIES	411	0	972,820.88	.00	.000	2366.96	11.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,125	26,505	707,838.86	26.71	.319	99.35	8.52
MEDICAL	1,953	3,197	108,480.30	33.93	.039	55.55	1.31
SURGERY	658	728	29,522.72	40.55	.009	44.87	.36
PATHOLOGY	2,561	9,420	114,303.57	12.13	.113	44.63	1.38
RADIOLOGY	1,824	2,374	144,696.75	60.95	.029	79.33	1.74
ROOM USE	4,695	5,866	233,715.32	39.84	.071	49.78	2.81
CROSSOVERS/ALL OTH OUTPTNT	2,664	4,920	77,120.20	15.67	.059	28.95	.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	119	\$ 77,395.16	\$ 650.38	.001	\$ 15479.03	\$.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	103	73,715.80	715.69	.001	18428.95	.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	16	3,679.36	229.96	.000	3679.36	.04
@INTERMEDIATE CARE FACIL.-DD	8	364	\$ 73,351.38	\$ 201.51	.004	\$ 9168.92	\$.88

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	8	364	73,351.38	201.51	.004	9168.92	.88
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	42	111	5,039.26	45.40	.001	119.98	.06
HOSPITAL BASED	42	111	5,039.26	45.40	.001	119.98	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,249	6,366	109,855.50	17.26	.077	48.85	1.32
PATHOLOGY	2,247	6,364	109,736.50	17.24	.077	48.84	1.32
XO AND OTHERS	2	2	119.00	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	20,310	32,958	4,845,403.41	147.02	.397	238.57	58.36
CLINIC	331	1,128	22,266.39	19.74	.014	67.27	.27
SURGICENTER	162	916	32,351.40	35.32	.011	199.70	.39
HEROIN DETOX CLINIC	1	21	232.26	11.06	.000	232.26	.00
RURAL HEALTH CLINIC	19,923	30,893	4,790,553.36	155.07	.372	240.45	57.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
KINGS COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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83,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,056	27,745	\$ 274,603.23	\$ 9.90	.334	\$ 45.34	\$ 3.31
DURABLE MED. EQUIP.	116	157	14,581.43	92.88	.002	125.70	.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	19	633.11	33.32	.000	79.14	.01
MEDICAL TRANSPORTATION	518	9,427	88,336.45	9.37	.114	170.53	1.06
AMBULANCES/AIR TRANS	517	9,325	80,823.53	8.67	.112	156.33	.97
OTHER TRANS	1	84	174.60	2.08	.001	174.60	.00
OTHER SERVICES	17	18	7,338.32	407.68	.000	431.67	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	99	99	10,395.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	940	2,031	17,160.71	8.45	.024	18.26	.21
PHYSICAL THERAPIST	16	166	2,418.26	14.57	.002	151.14	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	29	44	2,933.91	66.68	.001	101.17	.04
PROSTHETICS	29	44	2,933.91	66.68	.001	101.17	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	48	3,086.48	64.30	.001	308.65	.04
SPEECH AND AUDIOLOGY	29	46	2,549.29	55.42	.001	87.91	.03
HOSPICE SERVICES	0	0	80.10	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,295	11,811	129,677.92	10.98	.142	30.19	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	97	3,897	2,750.57	.71	.047	28.36	.03
@CALIF. CHILDREN SERVICES*	279	6,027	\$ 693,438.83	\$ 115.06	.073	\$ 2485.44	\$ 8.35
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 84.09	\$ 8.41	.000	\$ 16.82	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
136,670 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	90,713	1,832,291	\$ 44,208,324.77	\$ 24.13	13.407	\$ 487.34	\$ 323.47	
@PHYSICIANS SERVICES	21,972	78,882	\$ 2,587,110.17	\$ 32.80	.577	\$ 117.75	\$ 18.93	
OUTPATIENT VISITS	11,832	17,297	792,695.23	45.83	.127	67.00	5.80	
OFFICE VISITS	4,550	5,985	178,723.68	29.86	.044	39.28	1.31	
HOME VISITS	14	16	761.73	47.61	.000	54.41	.01	
EMERGENCY ROOM	6,615	8,361	506,198.23	60.54	.061	76.52	3.70	
PREVENTIVE CARE	8	9	400.88	44.54	.000	50.11	.00	
OB VISITS/COMPRE PERI	532	2,022	73,765.60	36.48	.015	138.66	.54	
OTHER OUTPATIENT	728	904	32,845.11	36.33	.007	45.12	.24	
INPATIENT VISITS	1,210	5,003	270,927.14	54.15	.037	223.91	1.98	
HOSPITAL VISITS	1,079	4,318	197,518.93	45.74	.032	183.06	1.45	
CRITICAL CARE	65	440	64,600.44	146.82	.003	993.85	.47	
SNF/ICF/TRANS IP CARE	126	245	8,807.77	35.95	.002	69.90	.06	
OPHTHALMOLOGICAL SERVICES	194	254	9,953.37	39.19	.002	51.31	.07	
EXAMINATIONS	194	254	9,953.37	39.19	.002	51.31	.07	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	737	3,372	329,964.74	97.85	.025	447.71	2.41	
PRINCIPAL SURGEON	535	671	267,140.78	398.12	.005	499.33	1.95	
ASSISTANT SURGEON	91	91	17,233.89	189.38	.001	189.38	.13	
ANESTHESIOLOGIST	228	2,610	45,590.07	17.47	.019	199.96	.33	
OUTPATIENT SURGERY	1,347	3,640	243,686.45	66.95	.027	180.91	1.78	
PRINCIPAL SURGEON	1,137	1,357	204,795.93	150.92	.010	180.12	1.50	
ASSISTANT SURGEON	10	10	1,562.43	156.24	.000	156.24	.01	
ANESTHESIOLOGIST	320	2,273	37,328.09	16.42	.017	116.65	.27	
DIALYSIS	63	371	25,645.23	69.12	.003	407.07	.19	
PATHOLOGY	1,499	4,209	49,624.81	11.79	.031	33.11	.36	
RADIOLOGY	5,004	8,267	225,966.96	27.33	.060	45.16	1.65	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	453	5,798	211,874.11	36.54	.042	467.71	1.55	
OTHER SERVICES/ALL X-OVERS	8,538	30,671	426,772.13	13.91	.224	49.99	3.12	
@PHARMACY	56,708	1,095,312	\$ 16,564,915.37	\$ 15.12	8.014	\$ 292.11	\$ 121.20	
PRESCRIPTION DRUGS	55,673	214,520	15,761,049.10	73.47	1.570	283.10	115.32	
SNF/ICF	657	5,781	473,339.27	81.88	.042	720.46	3.46	
OUTPATIENTS	55,110	208,739	15,287,709.83	73.24	1.527	277.40	111.86	
MEDICAL SUPPLIES	6,383	880,792	803,866.27	.91	6.445	125.94	5.88	
@DENTIST	5,880	34,332	\$ 1,009,712.29	\$ 29.41	.251	\$ 171.72	\$ 7.39	
VISITS - DIAGNOSTIC	4,526	24,497	296,295.40	12.10	.179	65.47	2.17	
ORAL SURGERY	872	2,064	123,655.88	59.91	.015	141.81	.90	
DRUGS	20	30	500.00	16.67	.000	25.00	.00	
ANESTHESIA	109	116	11,100.00	95.69	.001	101.83	.08	
PERIODONTICS	328	374	36,655.00	98.01	.003	111.75	.27	
ENDODONTICS	438	775	116,369.00	150.15	.006	265.68	.85	
RESTORATIVE DENTISTRY	1,595	4,751	272,883.99	57.44	.035	171.09	2.00	
PROSTHETICS	38	41	1,045.00	25.49	.000	27.50	.01	
DENTURES, STAYPLATES	281	948	98,528.25	103.93	.007	350.63	.72	
SPACE MAINTAINERS	60	73	8,743.00	119.77	.001	145.72	.06	
MAXILLOFACIAL SERVICES	186	194	19,501.77	100.52	.001	104.85	.14	
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01	
ORTHODONTIC SERVICES	244	332	22,360.00	67.35	.002	91.64	.16	
ALL OTHER SERVICES	140	136	1,275.00	9.38	.001	9.11	.01	

						----- MONTHLY AVERAGE -----			
136,670 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3,019	9,202	\$	201,696.58	\$ 21.92	.067	\$ 66.81	\$ 1.48	
DIAGNOSTIC AND ANC. PROCED	1,980	2,153		87,745.97	40.76	.016	44.32	.64	
EYE APPLIANCES	2,427	6,897		109,600.86	15.89	.050	45.16	.80	
OTHER OPTOMETRIC SERVICES	122	152		4,349.75	28.62	.001	35.65	.03	
@CHIROPRACTOR	58	115	\$	1,885.18	\$ 16.39	.001	\$ 32.50	\$.01	
VISITS	54	109		1,801.58	16.53	.001	33.36	.01	
OTHER SERVICES	4	6		83.60	13.93	.000	20.90	.00	
@PODIATRIST	124	258	\$	3,178.57	\$ 12.32	.002	\$ 25.63	\$.02	
MEDICINE/INJECTIONS	27	37		882.32	23.85	.000	32.68	.01	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	2	4		72.64	18.16	.000	36.32	.00	
OTHER	102	217		2,223.61	10.25	.002	21.80	.02	
@HOME HEALTH AGENCY	243	1,355	\$	93,383.11	\$ 68.92	.010	\$ 384.29	\$.68	
NURSE ANESTHESIST	70	447	\$	8,633.18	\$ 19.31	.003	\$ 123.33	\$.06	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	11	17	\$	394.38	\$ 23.20	.000	\$ 35.85	\$.00	
@TOTAL HOSPITAL	14,441	72,424	\$	9,701,776.81	\$ 133.96	.530	\$ 671.82	\$ 70.99	
HOSP INPATIENT TOTAL	1,441	5,440		8,030,325.23	1476.16	.040	5572.74	58.76	
HSC HOSPITALS	279	1,993		3,187,086.41	1599.14	.015	11423.25	23.32	
NON-HSC HOSPITAL TOTAL	842	3,447		4,514,865.91	1309.80	.025	5362.07	33.03	
ACCOMMODATIONS	839	3,447		1,498,247.78	434.65	.025	1785.75	10.96	
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	838	3,446		1,498,016.48	434.71	.025	1787.61	10.96	
ANCILLARIES	841	0		3,016,618.13	.00	.000	3586.94	22.07	
INPATIENT CROSSOVERS	331	0		328,372.91	.00	.000	992.06	2.40	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	13,559	66,984		1,671,451.58	24.95	.490	123.27	12.23	
MEDICAL	3,877	7,108		258,994.92	36.44	.052	66.80	1.90	
SURGERY	1,039	1,171		50,949.13	43.51	.009	49.04	.37	
PATHOLOGY	5,727	26,447		328,410.55	12.42	.194	57.34	2.40	
RADIOLOGY	3,533	4,929		350,308.94	71.07	.036	99.15	2.56	
ROOM USE	7,566	10,416		418,689.75	40.20	.076	55.34	3.06	
CROSSOVERS/ALL OTH OUTPTNT	5,517	16,913		264,098.29	15.62	.124	47.87	1.93	
@COUNTY HOSPITAL TOTAL	84	291	\$	32,793.70	\$ 112.69	.002	\$ 390.40	\$.24	
CO HOSPITAL INPATIENT TOTAL	6	20		24,987.00	1249.35	.000	4164.50	.18	
HSC HOSPITALS	6	20		24,987.00	1249.35	.000	4164.50	.18	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	80	271		7,806.70	28.81	.002	97.58	.06	
MEDICAL	27	39		1,504.61	38.58	.000	55.73	.01	
SURGERY	7	9		745.97	82.89	.000	106.57	.01	
PATHOLOGY	24	88		1,185.67	13.47	.001	49.40	.01	

RADIOLOGY	7	10	356.90	35.69	.000	50.99	.00
ROOM USE	40	52	2,408.67	46.32	.000	60.22	.02
CROSSOVERS/ALL OTH OUTPTNT	26	73	1,604.88	21.98	.001	61.73	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,819

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
136,670 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	14,374	72,133	\$ 9,668,983.11	\$ 134.04	.528	\$ 672.67	\$ 70.75
COMM HOSP INPATIENT TOTAL	1,435	5,420	8,005,338.23	1477.00	.040	5578.63	58.57
HSC HOSPITALS	273	1,973	3,162,099.41	1602.69	.014	11582.78	23.14
NON-HSC HOSPITALS TOTAL	842	3,447	4,514,865.91	1309.80	.025	5362.07	33.03
ACCOMMODATIONS	839	3,447	1,498,247.78	434.65	.025	1785.75	10.96
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	838	3,446	1,498,016.48	434.71	.025	1787.61	10.96
ANCILLARIES	841	0	3,016,618.13	.00	.000	3586.94	22.07
INPATIENT CROSSOVERS	331	0	328,372.91	.00	.000	992.06	2.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,495	66,713	1,663,644.88	24.94	.488	123.28	12.17
MEDICAL	3,854	7,069	257,490.31	36.43	.052	66.81	1.88
SURGERY	1,033	1,162	50,203.16	43.20	.009	48.60	.37
PATHOLOGY	5,706	26,359	327,224.88	12.41	.193	57.35	2.39
RADIOLOGY	3,526	4,919	349,952.04	71.14	.036	99.25	2.56
ROOM USE	7,533	10,364	416,281.08	40.17	.076	55.26	3.05
CROSSOVERS/ALL OTH OUTPTNT	5,496	16,840	262,493.41	15.59	.123	47.76	1.92
@STATE HOSPITAL	10	274	\$ 123,246.10	\$ 449.80	.002	\$ 12324.61	\$.90
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	10	274	123,246.10	449.80	.002	12324.61	.90
@NURSING FACILITY	519	12,625	\$ 2,149,045.06	\$ 170.22	.092	\$ 4140.74	\$ 15.72
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	29	1,020	127,180.05	124.69	.007	4385.52	.93
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	30	835	482,281.98	577.58	.006	16076.07	3.53
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	472	10,770	1,539,583.03	142.95	.079	3261.83	11.26
@INTERMEDIATE CARE FACIL.-DD	59	1,911	\$ 348,668.60	\$ 182.45	.014	\$ 5909.64	\$ 2.55
ICF DDH	37	1,093	188,304.13	172.28	.008	5089.30	1.38
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	22	818	160,364.47	196.04	.006	7289.29	1.17
@HEMODIALYSIS TOTAL	450	6,714	\$ 501,314.45	\$ 74.67	.049	\$ 1114.03	\$ 3.67
HOSPITAL BASED	3	5	13,070.10	2614.02	.000	4356.70	.10
HEMODIALYSIS CENTER	447	6,709	488,244.35	72.77	.049	1092.27	3.57
@REHABILITATION FACILITY	103	299	\$ 12,740.12	\$ 42.61	.002	\$ 123.69	\$.09
HOSPITAL BASED	103	299	12,740.12	42.61	.002	123.69	.09
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,716	11,487	\$ 182,144.37	\$ 15.86	.084	\$ 49.02	\$ 1.33
PATHOLOGY	3,682	11,388	181,509.62	15.94	.083	49.30	1.33
XO AND OTHERS	34	99	634.75	6.41	.001	18.67	.00
@ORGANIZED OUTPATIENT CLINIC	37,438	67,153	\$ 9,151,722.72	\$ 136.28	.491	\$ 244.45	\$ 66.96
CLINIC	462	1,531	30,690.86	20.05	.011	66.43	.22
SURGICENTER	375	1,500	72,090.79	48.06	.011	192.24	.53
HEROIN DETOX CLINIC	5	101	983.55	9.74	.001	196.71	.01
RURAL HEALTH CLINIC	36,826	64,021	9,047,957.52	141.33	.468	245.69	66.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,820

MOP024
KINGS COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

136,670 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13,839	439,484	\$ 1,566,757.71	\$ 3.56	3.216	\$ 113.21	\$ 11.46
DURABLE MED. EQUIP.	724	1,658	339,850.68	204.98	.012	469.41	2.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	317	514	51,134.98	99.48	.004	161.31	.37
MEDICAL TRANSPORTATION	2,136	103,285	500,829.38	4.85	.756	234.47	3.66
AMBULANCES/AIR TRANS	1,522	28,586	285,670.54	9.99	.209	187.69	2.09
OTHER TRANS	380	72,896	178,926.58	2.45	.533	470.86	1.31
OTHER SERVICES	383	1,803	36,232.26	20.10	.013	94.60	.27
ACUPUNCTURE	5	10	205.44	20.54	.000	41.09	.00
ADULT DAY HEALTH CARE CTR	35	458	31,905.92	69.66	.003	911.60	.23
GENETIC DISEASE TESTING	110	110	11,502.00	104.56	.001	104.56	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	182	766	59,197.44	77.28	.006	325.26	.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,166	4,655	50,974.94	10.95	.034	23.53	.37
PHYSICAL THERAPIST	25	287	3,954.28	13.78	.002	158.17	.03
PORTABLE X-RAY	22	48	737.50	15.36	.000	33.52	.01
PROSTHETIST/ORTHOTISTS	103	246	37,534.99	152.58	.002	364.42	.27
PROSTHETICS	102	245	37,415.91	152.72	.002	366.82	.27
ORTHOTICS	1	1	119.08	119.08	.000	119.08	.00
PSYCHOLOGIST	21	84	5,831.62	69.42	.001	277.70	.04
SPEECH AND AUDIOLOGY	221	546	42,343.45	77.55	.004	191.60	.31
HOSPICE SERVICES	25	522	65,330.72	125.15	.004	2613.23	.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,584	23,473	227,918.47	9.71	.172	40.82	1.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,941	302,822		137,505.90		.45	2.216	46.75	1.01
@CALIF. CHILDREN SERVICES*	1,119	32,104	\$	2,730,919.30	\$	85.06	.235	\$ 2440.50	\$ 19.98
@XOVER EXCLUDING STATE HOSP**	7,673	69,081	\$	1,254,578.74	\$	18.16	.505	\$ 163.51	\$ 9.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,821
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,668 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,447	9,396	\$ 668,694.51	\$ 71.17	2.562	\$ 273.27	\$ 182.30
@PHYSICIANS SERVICES	556	1,118	\$ 44,264.54	\$ 39.59	.305	\$ 79.61	\$ 12.07
OUTPATIENT VISITS	397	516	21,669.81	42.00	.141	54.58	5.91
OFFICE VISITS	167	227	7,083.52	31.20	.062	42.42	1.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	219	247	13,240.07	53.60	.067	60.46	3.61
PREVENTIVE CARE	4	4	149.40	37.35	.001	37.35	.04
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	30	38	1,196.82	31.50	.010	39.89	.33
INPATIENT VISITS	50	123	7,182.99	58.40	.034	143.66	1.96
HOSPITAL VISITS	47	100	5,358.76	53.59	.027	114.02	1.46
CRITICAL CARE	4	23	1,824.23	79.31	.006	456.06	.50
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	70.93	35.47	.001	70.93	.02
EXAMINATIONS	1	2	70.93	35.47	.001	70.93	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	27	2,246.30	83.20	.007	249.59	.61
PRINCIPAL SURGEON	5	5	1,551.19	310.24	.001	310.24	.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	22	695.11	31.60	.006	173.78	.19
OUTPATIENT SURGERY	20	83	3,941.73	47.49	.023	197.09	1.07
PRINCIPAL SURGEON	11	15	2,315.56	154.37	.004	210.51	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	68	1,626.17	23.91	.019	135.51	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	16	123.96	7.75	.004	13.77	.03
RADIOLOGY	104	140	3,074.85	21.96	.038	29.57	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	81.00	9.00	.002	27.00	.02
OTHER SERVICES/ALL X-OVERS	134	202	5,872.97	29.07	.055	43.83	1.60
@PHARMACY	1,245	3,259	\$ 108,898.55	\$ 33.41	.888	\$ 87.47	\$ 29.69
PRESCRIPTION DRUGS	1,220	3,110	101,777.29	32.73	.848	83.42	27.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,220	3,110	101,777.29	32.73	.848	83.42	27.75
MEDICAL SUPPLIES	99	149	7,121.26	47.79	.041	71.93	1.94
@DENTIST	3	13	\$ 541.07	\$ 41.62	.004	\$ 180.36	\$ 1.15
VISITS - DIAGNOSTIC	3	9	193.00	21.44	.002	64.33	.05
ORAL SURGERY	1	1	100.00	100.00	.000	100.00	.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	150.00	75.00	.001	150.00	.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,822
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

3,668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 58.86	\$ 29.43	.001	\$ 29.43	\$.02
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	19	\$ 1,123.86	\$ 59.15	.005	\$ 124.87	\$.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	402	1,275	\$ 145,919.58	\$ 114.45	.348	\$ 362.98	\$ 39.78
HOSP INPATIENT TOTAL	27	63	105,861.24	1680.34	.017	3920.79	28.86
HSC HOSPITALS	22	53	96,650.00	1823.58	.014	4393.18	26.35
NON-HSC HOSPITAL TOTAL	6	10	9,211.24	921.12	.003	1535.21	2.51
ACCOMMODATIONS	6	10	3,709.84	370.98	.003	618.31	1.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	10	3,709.84	370.98	.003	618.31	1.01
ANCILLARIES	6	0	5,501.40	.00	.000	916.90	1.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	384	1,212	40,058.34	33.05	.330	104.32	10.92
MEDICAL	108	196	9,531.85	48.63	.053	88.26	2.60
SURGERY	17	17	987.40	58.08	.005	58.08	.27
PATHOLOGY	90	316	3,211.16	10.16	.086	35.68	.88
RADIOLOGY	105	121	8,328.71	68.83	.033	79.32	2.27
ROOM USE	281	348	13,866.52	39.85	.095	49.35	3.78
CROSSOVERS/ALL OTH OUTPTNT	140	214	4,132.70	19.31	.058	29.52	1.13
@COUNTY HOSPITAL TOTAL	1	1	\$ 86.63	\$ 86.63	.000	\$ 86.63	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	86.63	86.63	.000	86.63	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	86.63	86.63	.000	86.63	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,823
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	3,668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	401		1,274	\$ 145,832.95	\$ 114.47	.347	\$ 363.67	\$ 39.76
COMM HOSP INPATIENT TOTAL	27		63	105,861.24	1680.34	.017	3920.79	28.86
HSC HOSPITALS	22		53	96,650.00	1823.58	.014	4393.18	26.35
NON-HSC HOSPITALS TOTAL	6		10	9,211.24	921.12	.003	1535.21	2.51
ACCOMMODATIONS	6		10	3,709.84	370.98	.003	618.31	1.01
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6		10	3,709.84	370.98	.003	618.31	1.01
ANCILLARIES	6		0	5,501.40	.00	.000	916.90	1.50
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	383		1,211	39,971.71	33.01	.330	104.36	10.90
MEDICAL	108		196	9,531.85	48.63	.053	88.26	2.60
SURGERY	17		17	987.40	58.08	.005	58.08	.27
PATHOLOGY	90		316	3,211.16	10.16	.086	35.68	.88
RADIOLOGY	105		121	8,328.71	68.83	.033	79.32	2.27
ROOM USE	281		348	13,866.52	39.85	.095	49.35	3.78
CROSSOVERS/ALL OTH OUTPTNT	139		213	4,046.07	19.00	.058	29.11	1.10
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8		15	\$ 829.72	\$ 55.31	.004	\$ 103.72	\$.23
HOSPITAL BASED	8		15	829.72	55.31	.004	103.72	.23
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30		81	\$ 1,391.56	\$ 17.18	.022	\$ 46.39	\$.38
PATHOLOGY	30		81	1,391.56	17.18	.022	46.39	.38
XO AND OTHERS	0		0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	1,542	2,588	\$	358,266.31	\$	138.43	.706	\$	232.34	\$	97.67
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	7		242.21		34.60	.002		121.11		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,541	2,581		358,024.10		138.72	.704		232.33		97.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,824
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	3,668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34		1,026	\$ 7,400.46	\$ 7.21	.280	\$ 217.66	\$ 2.02
DURABLE MED. EQUIP.	5		6	457.41	76.24	.002	91.48	.12
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30		1,020	6,943.05	6.81	.278	231.44	1.89
AMBULANCES/AIR TRANS	30		1,020	6,943.05	6.81	.278	231.44	1.89
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	44		325	\$ 57,570.67	\$ 177.14	.089	\$ 1308.42	\$ 15.70
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,825
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	2,794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,735		14,954	\$ 1,957,339.92	\$ 130.89	5.352	\$ 715.66	\$ 700.55
@PHYSICIANS SERVICES	1,165		4,343	\$ 260,401.30	\$ 59.96	1.554	\$ 223.52	\$ 93.20
OUTPATIENT VISITS	657		2,210	72,105.60	32.63	.791	109.75	25.81
OFFICE VISITS	70		92	2,941.86	31.98	.033	42.03	1.05
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	100		110	7,741.58	70.38	.039	77.42	2.77

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	521	2,006	61,329.29	30.57	.718	117.71	21.95
OTHER OUTPATIENT	2	2	92.87	46.44	.001	46.44	.03
INPATIENT VISITS	144	351	26,102.58	74.37	.126	181.27	9.34
HOSPITAL VISITS	133	213	10,000.72	46.95	.076	75.19	3.58
CRITICAL CARE	14	138	16,101.86	116.68	.049	1150.13	5.76
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	276	867	128,778.90	148.53	.310	466.59	46.09
PRINCIPAL SURGEON	195	200	109,757.49	548.79	.072	562.86	39.28
ASSISTANT SURGEON	48	48	8,952.00	186.50	.017	186.50	3.20
ANESTHESIOLOGIST	68	619	10,069.41	16.27	.222	148.08	3.60
OUTPATIENT SURGERY	47	105	5,038.74	47.99	.038	107.21	1.80
PRINCIPAL SURGEON	40	51	3,985.32	78.14	.018	99.63	1.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	54	1,053.42	19.51	.019	87.79	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	213	360	5,464.03	15.18	.129	25.65	1.96
RADIOLOGY	242	302	17,244.85	57.10	.108	71.26	6.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	20	1,134.31	56.72	.007	63.02	.41
OTHER SERVICES/ALL X-OVERS	95	128	4,532.29	35.41	.046	47.71	1.62
@PHARMACY	873	1,856	\$ 50,345.81	\$ 27.13	.664	\$ 57.67	\$ 18.02
PRESCRIPTION DRUGS	821	1,699	42,237.04	24.86	.608	51.45	15.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	821	1,699	42,237.04	24.86	.608	51.45	15.12
MEDICAL SUPPLIES	85	157	8,108.77	51.65	.056	95.40	2.90
@DENTIST	4	12	\$ 10.00	\$.83	.004	\$ 2.50	\$.00
VISITS - DIAGNOSTIC	3	8	10.00	1.25	.003	3.33	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,826
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	2,794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	65	92	\$	4,691.19	\$ 50.99	.033	\$ 72.17	\$ 1.68
NURSE ANESTHESIST	28	118	\$	3,174.09	\$ 26.90	.042	\$ 113.36	\$ 1.14
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	728	2,901	\$	1,244,947.02	\$ 429.14	1.038	\$ 1710.09	\$ 445.58
HOSP INPATIENT TOTAL	289	1,036		1,194,541.44	1153.03	.371	4133.36	427.54
HSC HOSPITALS	26	153		244,639.08	1598.95	.055	9409.20	87.56
NON-HSC HOSPITAL TOTAL	264	883		949,902.36	1075.77	.316	3598.12	339.98
ACCOMMODATIONS	264	883		422,599.92	478.60	.316	1600.76	151.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	264	883		422,599.92	478.60	.316	1600.76	151.25
ANCILLARIES	263	0		527,302.44	.00	.000	2004.95	188.73
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	515	1,865		50,405.58	27.03	.668	97.87	18.04
MEDICAL	72	97		3,696.22	38.11	.035	51.34	1.32
SURGERY	96	111		4,392.59	39.57	.040	45.76	1.57
PATHOLOGY	279	894		11,385.91	12.74	.320	40.81	4.08
RADIOLOGY	105	127		10,423.52	82.07	.045	99.27	3.73
ROOM USE	255	355		15,922.29	44.85	.127	62.44	5.70
CROSSOVERS/ALL OTH OUTPTNT	144	281		4,585.05	16.32	.101	31.84	1.64
@COUNTY HOSPITAL TOTAL	1	5	\$	80.21	\$ 16.04	.002	\$ 80.21	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	5	80.21	16.04	.002	80.21	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	15.64	7.82	.001	15.64	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.35	36.35	.000	36.35	.01
CROSSOVERS/ALL OTH OUTPTNT	1	2	28.22	14.11	.001	28.22	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,827
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	2,794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	727	2,896	\$	1,244,866.81	\$ 429.86	1.037	\$ 1712.33	\$ 445.55
COMM HOSP INPATIENT TOTAL	289	1,036		1,194,541.44	1153.03	.371	4133.36	427.54
HSC HOSPITALS	26	153		244,639.08	1598.95	.055	9409.20	87.56
NON-HSC HOSPITALS TOTAL	264	883		949,902.36	1075.77	.316	3598.12	339.98
ACCOMMODATIONS	264	883		422,599.92	478.60	.316	1600.76	151.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	264	883		422,599.92	478.60	.316	1600.76	151.25
ANCILLARIES	263	0		527,302.44	.00	.000	2004.95	188.73
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	514	1,860		50,325.37	27.06	.666	97.91	18.01
MEDICAL	72	97		3,696.22	38.11	.035	51.34	1.32
SURGERY	96	111		4,392.59	39.57	.040	45.76	1.57
PATHOLOGY	278	892		11,370.27	12.75	.319	40.90	4.07
RADIOLOGY	105	127		10,423.52	82.07	.045	99.27	3.73
ROOM USE	254	354		15,885.94	44.88	.127	62.54	5.69
CROSSOVERS/ALL OTH OUTPTNT	143	279		4,556.83	16.33	.100	31.87	1.63
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	766	1,870	\$	30,060.21	\$	16.07	.669	\$	39.24	\$	10.76
PATHOLOGY	761	1,865		29,762.71		15.96	.668		39.11		10.65
XO AND OTHERS	5	5		297.50		59.50	.002		59.50		.11
@ORGANIZED OUTPATIENT CLINIC	957	2,839	\$	339,433.98	\$	119.56	1.016	\$	354.69	\$	121.49
CLINIC	7	10		227.42		22.74	.004		32.49		.08
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	950	2,829		339,206.56		119.90	1.013		357.06		121.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 4,828
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	2,794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	171		923	\$ 24,276.32	\$ 26.30	.330	\$ 141.97	\$ 8.69
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	38		788	10,432.70	13.24	.282	274.54	3.73
AMBULANCES/AIR TRANS	38		784	6,812.94	8.69	.281	179.29	2.44
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	4		4	3,619.76	904.94	.001	904.94	1.30
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	125		125	13,125.00	105.00	.045	105.00	4.70
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8		10	718.62	71.86	.004	89.83	.26
PROSTHETICS	8		10	718.62	71.86	.004	89.83	.26
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12		200	\$ 107,365.23	\$ 536.83	.072	\$ 8947.10	\$ 38.43
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 4,829
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	98	368	\$	17,753.05	\$	48.24	14.154	\$	181.15	\$	682.81
@PHYSICIANS SERVICES	38	91	\$	3,518.39	\$	38.66	3.500	\$	92.59	\$	135.32
OUTPATIENT VISITS	24	51		1,233.51		24.19	1.962		51.40		47.44
OFFICE VISITS	7	8		172.20		21.53	.308		24.60		6.62
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	5	5		377.24		75.45	.192		75.45		14.51
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	12	38		684.07		18.00	1.462		57.01		26.31
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	5		274.83		54.97	.192		91.61		10.57
HOSPITAL VISITS	3	5		274.83		54.97	.192		91.61		10.57
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	7		672.04		96.01	.269		672.04		25.85
PRINCIPAL SURGEON	1	1		544.28		544.28	.038		544.28		20.93
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	6		127.76		21.29	.231		127.76		4.91
OUTPATIENT SURGERY	4	5		709.03		141.81	.192		177.26		27.27
PRINCIPAL SURGEON	3	4		679.17		169.79	.154		226.39		26.12
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		29.86		29.86	.038		29.86		1.15
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	8		184.79		23.10	.308		23.10		7.11
RADIOLOGY	2	2		17.14		8.57	.077		8.57		.66
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	4		193.40		48.35	.154		48.35		7.44
OTHER SERVICES/ALL X-OVERS	6	9		233.65		25.96	.346		38.94		8.99
@PHARMACY	11	85	\$	486.01	\$	5.72	3.269	\$	44.18	\$	18.69
PRESCRIPTION DRUGS	7	11		433.71		39.43	.423		61.96		16.68
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	7	11		433.71		39.43	.423		61.96		16.68
MEDICAL SUPPLIES	4	74		52.30		.71	2.846		13.08		2.01
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,830
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
----- MONTHLY AVERAGE -----							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	91.38	\$	45.69	.077	\$	91.38	\$	3.51
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	14	60	\$	4,094.68	\$	68.24	2.308	\$	292.48	\$	157.49
HOSP INPATIENT TOTAL	2	3		2,725.14		908.38	.115		1362.57		104.81
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	3		2,725.14		908.38	.115		1362.57		104.81
ACCOMMODATIONS	2	3		733.46		244.49	.115		366.73		28.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		733.46		244.49	.115		366.73		28.21
ANCILLARIES	2	0		1,991.68		.00	.000		995.84		76.60
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	57		1,369.54		24.03	2.192		114.13		52.67
MEDICAL	2	3		149.39		49.80	.115		74.70		5.75
SURGERY	1	1		82.10		82.10	.038		82.10		3.16
PATHOLOGY	6	17		176.81		10.40	.654		29.47		6.80

RADIOLOGY	2	2	111.12	55.56	.077	55.56	4.27
ROOM USE	7	13	652.17	50.17	.500	93.17	25.08
CROSSOVERS/ALL OTH OUTPTNT	4	21	197.95	9.43	.808	49.49	7.61
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,831
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	60	\$ 4,094.68	\$ 68.24	2.308	\$ 292.48	\$ 157.49
COMM HOSP INPATIENT TOTAL	2	3	2,725.14	908.38	.115	1362.57	104.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	3	2,725.14	908.38	.115	1362.57	104.81
ACCOMMODATIONS	2	3	733.46	244.49	.115	366.73	28.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	733.46	244.49	.115	366.73	28.21
ANCILLARIES	2	0	1,991.68	.00	.000	995.84	76.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	57	1,369.54	24.03	2.192	114.13	52.67
MEDICAL	2	3	149.39	49.80	.115	74.70	5.75
SURGERY	1	1	82.10	82.10	.038	82.10	3.16
PATHOLOGY	6	17	176.81	10.40	.654	29.47	6.80
RADIOLOGY	2	2	111.12	55.56	.077	55.56	4.27
ROOM USE	7	13	652.17	50.17	.500	93.17	25.08
CROSSOVERS/ALL OTH OUTPTNT	4	21	197.95	9.43	.808	49.49	7.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	25	62	\$	1,755.20	\$	28.31	2.385	\$ 70.21	\$ 67.51
PATHOLOGY	25	62		1,755.20		28.31	2.385	70.21	67.51
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	42	67	\$	7,702.39	\$	114.96	2.577	\$ 183.39	\$ 296.25
CLINIC	1	7		133.20		19.03	.269	133.20	5.12
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	41	60		7,569.19		126.15	2.308	184.61	291.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
KINGS COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM								
	AID CODE 76								

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03/14/05

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.038	\$ 105.00	\$ 4.04
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.038	105.00	4.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

6,488 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,280	24,718	\$ 2,643,787.48	\$ 106.96	3.810	\$ 500.72	\$ 407.49	
@PHYSICIANS SERVICES	1,759	5,552	\$ 308,184.23	\$ 55.51	.856	\$ 175.20	\$ 47.50	
OUTPATIENT VISITS	1,078	2,777	95,008.92	34.21	.428	88.13	14.64	
OFFICE VISITS	244	327	10,197.58	31.19	.050	41.79	1.57	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	324	362	21,358.89	59.00	.056	65.92	3.29	
PREVENTIVE CARE	4	4	149.40	37.35	.001	37.35	.02	
OB VISITS/COMPRE PERI	533	2,044	62,013.36	30.34	.315	116.35	9.56	
OTHER OUTPATIENT	32	40	1,289.69	32.24	.006	40.30	.20	
INPATIENT VISITS	197	479	33,560.40	70.06	.074	170.36	5.17	
HOSPITAL VISITS	183	318	15,634.31	49.16	.049	85.43	2.41	
CRITICAL CARE	18	161	17,926.09	111.34	.025	995.89	2.76	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	2	70.93	35.47	.000	70.93	.01	
EXAMINATIONS	1	2	70.93	35.47	.000	70.93	.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	286	901	131,697.24	146.17	.139	460.48	20.30	
PRINCIPAL SURGEON	201	206	111,852.96	542.98	.032	556.48	17.24	
ASSISTANT SURGEON	48	48	8,952.00	186.50	.007	186.50	1.38	
ANESTHESIOLOGIST	73	647	10,892.28	16.84	.100	149.21	1.68	
OUTPATIENT SURGERY	71	193	9,689.50	50.20	.030	136.47	1.49	
PRINCIPAL SURGEON	54	70	6,980.05	99.72	.011	129.26	1.08	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	25	123	2,709.45	22.03	.019	108.38	.42	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	230	384	5,772.78	15.03	.059	25.10	.89	
RADIOLOGY	348	444	20,336.84	45.80	.068	58.44	3.13	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	25	33	1,408.71	42.69	.005	56.35	.22	
OTHER SERVICES/ALL X-OVERS	235	339	10,638.91	31.38	.052	45.27	1.64	
@PHARMACY	2,129	5,200	\$ 159,730.37	\$ 30.72	.801	\$ 75.03	\$ 24.62	
PRESCRIPTION DRUGS	2,048	4,820	144,448.04	29.97	.743	70.53	22.26	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	2,048	4,820	144,448.04	29.97	.743	70.53	22.26	
MEDICAL SUPPLIES	188	380	15,282.33	40.22	.059	81.29	2.36	
@DENTIST	7	25	\$ 551.07	\$ 22.04	.004	\$ 78.72	\$.08	
VISITS - DIAGNOSTIC	6	17	203.00	11.94	.003	33.83	.03	
ORAL SURGERY	1	1	100.00	100.00	.000	100.00	.02	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	3	6	150.00	25.00	.001	50.00	.02	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.02	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00	

6,488 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$	58.86	\$	29.43	.000	\$	29.43	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.000		47.45	.01
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	75	113	\$	5,906.43	\$	52.27	.017	\$	78.75	\$.91
NURSE ANESTHESIST	28	118	\$	3,174.09	\$	26.90	.018	\$	113.36	\$.49
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	1,144	4,236	\$	1,394,961.28	\$	329.31	.653	\$	1219.37	\$ 215.01
HOSP INPATIENT TOTAL	318	1,102		1,303,127.82		1182.51	.170		4097.89	200.85
HSC HOSPITALS	48	206		341,289.08		1656.74	.032		7110.19	52.60
NON-HSC HOSPITAL TOTAL	272	896		961,838.74		1073.48	.138		3536.17	148.25
ACCOMMODATIONS	272	896		427,043.22		476.61	.138		1570.01	65.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	272	896		427,043.22		476.61	.138		1570.01	65.82
ANCILLARIES	271	0		534,795.52		.00	.000		1973.42	82.43
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	911	3,134		91,833.46		29.30	.483		100.81	14.15
MEDICAL	182	296		13,377.46		45.19	.046		73.50	2.06
SURGERY	114	129		5,462.09		42.34	.020		47.91	.84
PATHOLOGY	375	1,227		14,773.88		12.04	.189		39.40	2.28
RADIOLOGY	212	250		18,863.35		75.45	.039		88.98	2.91
ROOM USE	543	716		30,440.98		42.52	.110		56.06	4.69
CROSSOVERS/ALL OTH OUTPTNT	288	516		8,915.70		17.28	.080		30.96	1.37
@COUNTY HOSPITAL TOTAL	2	6	\$	166.84	\$	27.81	.001	\$	83.42	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	2	6		166.84		27.81	.001		83.42	.03
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	1	2		15.64		7.82	.000		15.64	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.35	36.35	.000	36.35	.01
CROSSOVERS/ALL OTH OUTPTNT	2	3	114.85	38.28	.000	57.43	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,835
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	6,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,142	4,230	\$ 1,394,794.44	\$ 329.74	.652	\$ 1221.36	\$ 214.98	
COMM HOSP INPATIENT TOTAL	318	1,102	1,303,127.82	1182.51	.170	4097.89	200.85	
HSC HOSPITALS	48	206	341,289.08	1656.74	.032	7110.19	52.60	
NON-HSC HOSPITALS TOTAL	272	896	961,838.74	1073.48	.138	3536.17	148.25	
ACCOMMODATIONS	272	896	427,043.22	476.61	.138	1570.01	65.82	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	272	896	427,043.22	476.61	.138	1570.01	65.82	
ANCILLARIES	271	0	534,795.52	.00	.000	1973.42	82.43	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	909	3,128	91,666.62	29.31	.482	100.84	14.13	
MEDICAL	182	296	13,377.46	45.19	.046	73.50	2.06	
SURGERY	114	129	5,462.09	42.34	.020	47.91	.84	
PATHOLOGY	374	1,225	14,758.24	12.05	.189	39.46	2.27	
RADIOLOGY	212	250	18,863.35	75.45	.039	88.98	2.91	
ROOM USE	542	715	30,404.63	42.52	.110	56.10	4.69	
CROSSOVERS/ALL OTH OUTPTNT	286	513	8,800.85	17.16	.079	30.77	1.36	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	15	\$	829.72	\$	.002	\$	103.72
HOSPITAL BASED	8	15		829.72		.002		103.72
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	821	2,013	\$	33,206.97	\$	.310	\$	40.45
PATHOLOGY	816	2,008		32,909.47		.309		40.33
XO AND OTHERS	5	5		297.50		.001		59.50
@ORGANIZED OUTPATIENT CLINIC	2,541	5,494	\$	705,402.68	\$	.847	\$	277.61
CLINIC	8	17		360.62		.003		45.08
SURGICENTER	2	7		242.21		.001		121.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,532	5,470		704,799.85		.843		278.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
KINGS COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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					----- MONTHLY AVERAGE -----			
6,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	206	1,950	\$ 31,781.78	\$ 16.30	.301	\$ 154.28	\$ 4.90	
DURABLE MED. EQUIP.	5	6	457.41	76.24	.001	91.48	.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	68	1,808	17,375.75	9.61	.279	255.53	2.68	
AMBULANCES/AIR TRANS	68	1,804	13,755.99	7.63	.278	202.29	2.12	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	4	4	3,619.76	904.94	.001	904.94	.56	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	126	126	13,230.00	105.00	.019	105.00	2.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	8	10	718.62	71.86	.002	89.83	.11	
PROSTHETICS	8	10	718.62	71.86	.002	89.83	.11	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	56	525	\$ 164,935.90	\$ 314.16	.081	\$ 2945.28	\$ 25.42
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	878	42,619	\$ 443,313.79	\$ 10.40	47.833	\$ 504.91	\$ 497.55
@PHYSICIANS SERVICES	214	929	\$ 10,140.24	\$ 10.92	1.043	\$ 47.38	\$ 11.38
OUTPATIENT VISITS	1	1	37.50	37.50	.001	37.50	.04
OFFICE VISITS	1	1	37.50	37.50	.001	37.50	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	1CR	6.01CR	6.01	.001CR	.00	.01CR
EXAMINATIONS	0	1CR	6.01CR	6.01	.001CR	.00	.01CR
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.73	5.73	.001	5.73	.01
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	40	512.06	12.80	.045	512.06	.57
OTHER SERVICES/ALL X-OVERS	212	887	9,582.39	10.80	.996	45.20	10.75
@PHARMACY	767	37,390	\$ 292,971.19	\$ 7.84	41.964	\$ 381.97	\$ 328.81
PRESCRIPTION DRUGS	754	3,798	278,799.98	73.41	4.263	369.76	312.91
SNF/ICF	12	100	6,084.58	60.85	.112	507.05	6.83
OUTPATIENTS	744	3,698	272,715.40	73.75	4.150	366.55	306.08
MEDICAL SUPPLIES	159	33,592	14,171.21	.42	37.701	89.13	15.90
@DENTIST	38	131	\$ 8,019.00	\$ 61.21	.147	\$ 211.03	\$ 9.00
VISITS - DIAGNOSTIC	24	84	1,063.00	12.65	.094	44.29	1.19
ORAL SURGERY	4	15	1,265.00	84.33	.017	316.25	1.42
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.13
ENDODONTICS	5	6	905.00	150.83	.007	181.00	1.02
RESTORATIVE DENTISTRY	8	14	1,845.00	131.79	.016	230.63	2.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	6	11	2,823.00	256.64	.012	470.50	3.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,838
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	46	\$ 855.88	\$ 18.61	.052	\$ 47.55	\$.96
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	16	44	780.75	17.74	.049	48.80	.88
OTHER OPTOMETRIC SERVICES	2	2	75.13	37.57	.002	37.57	.08
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	10	\$ 68.65	\$ 6.87	.011	\$ 9.81	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	10	68.65	6.87	.011	9.81	.08
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	86	293	\$ 23,166.43	\$ 79.07	.329	\$ 269.38	\$ 26.00
HOSP INPATIENT TOTAL	23	2	19,880.86	9940.43	.002	864.39	22.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	1,337.89	668.95	.002	1337.89	1.50
ACCOMMODATIONS	1	2	801.90	400.95	.002	801.90	.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	801.90	400.95	.002	801.90	.90
ANCILLARIES	1	0	535.99	.00	.000	535.99	.60
INPATIENT CROSSOVERS	22	0	18,542.97	.00	.000	842.86	20.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	291	3,285.57	11.29	.327	50.55	3.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	67.77	8.47	.009	16.94	.08
RADIOLOGY	1	1	22.86	22.86	.001	22.86	.03
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	61	282	3,194.94	11.33	.316	52.38	3.59
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,839
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	86	293	\$ 23,166.43	\$ 79.07	.329	\$ 269.38	\$ 26.00
COMM HOSP INPATIENT TOTAL	23	2	19,880.86	9940.43	.002	864.39	22.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,337.89	668.95	.002	1337.89	1.50
ACCOMMODATIONS	1	2	801.90	400.95	.002	801.90	.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	801.90	400.95	.002	801.90	.90
ANCILLARIES	1	0	535.99	.00	.000	535.99	.60
INPATIENT CROSSOVERS	22	0	18,542.97	.00	.000	842.86	20.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	65	291	3,285.57	11.29	.327	50.55	3.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	67.77	8.47	.009	16.94	.08
RADIOLOGY	1	1	22.86	22.86	.001	22.86	.03
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	61	282	3,194.94	11.33	.316	52.38	3.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	382	\$ 52,081.16	\$ 136.34	.429	\$ 3255.07	\$ 58.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	382	52,081.16	136.34	.429	3255.07	58.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	14	\$ 6,329.25	\$ 452.09	.016	\$ 575.39	\$ 7.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	14	6,329.25	452.09	.016	575.39	7.10
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	255	427	\$	17,131.33	\$	40.12	.479	\$	67.18	\$	19.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	9	15		1,040.32		69.35	.017		115.59		1.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	247	412		16,091.01		39.06	.462		65.15		18.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,840
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	195	2,997	\$ 32,550.66	\$ 10.86	3.364	\$ 166.93	\$ 36.53
DURABLE MED. EQUIP.	3	3	216.79	72.26	.003	72.26	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	10	1,836.57	183.66	.011	262.37	2.06
MEDICAL TRANSPORTATION	34	2,373	8,160.13	3.44	2.663	240.00	9.16
AMBULANCES/AIR TRANS	2	12	457.04	38.09	.013	228.52	.51
OTHER TRANS	16	2,301	7,061.95	3.07	2.582	441.37	7.93
OTHER SERVICES	16	60	641.14	10.69	.067	40.07	.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	44	283	13,695.48	48.39	.318	311.26	15.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	25	301.83	12.07	.028	23.22	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	1.29	.43	.003	.65	.00
PROSTHETIST/ORTHOTISTS	2	20	81.60	4.08	.022	40.80	.09
PROSTHETICS	2	20	81.60	4.08	.022	40.80	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	8	447.30	55.91	.009	89.46	.50

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	121	272	7,809.67	28.71	.305	64.54	8.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	365	1,771	\$ 56,152.22	\$ 31.71	1.988	\$ 153.84	\$ 63.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

PAGE 4,841
03/14/05

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	59	\$ 5,504.67	\$ 93.30	8.429	\$ 688.08	\$ 786.38
@PHYSICIANS SERVICES	1	1	\$ 16.06	\$ 16.06	.143	\$ 16.06	\$ 2.29
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	16.06	16.06	.143	16.06	2.29
@PHARMACY	3	25	\$ 1,702.80	\$ 68.11	3.571	\$ 567.60	\$ 243.26
PRESCRIPTION DRUGS	3	22	1,656.68	75.30	3.143	552.23	236.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	22	1,656.68	75.30	3.143	552.23	236.67
MEDICAL SUPPLIES	1	3	46.12	15.37	.429	46.12	6.59
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,842
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	0	\$ 2,010.00	\$.00	.000	\$ 2010.00	\$ 287.14
HOSP INPATIENT TOTAL	1	0	2,010.00	.00	.000	2010.00	287.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	2,010.00	.00	.000	2010.00	287.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,843
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$	2,010.00	\$.00	.000	\$ 2010.00	\$ 287.14
COMM HOSP INPATIENT TOTAL	1	0		2,010.00	.00	.000	2010.00	287.14
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		2,010.00	.00	.000	2010.00	287.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	24.68	\$	24.68	.143	\$	24.68	\$	3.53
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		24.68		24.68	.143		24.68		3.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,844
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
07 ELIGIBLES							
@ALL OTHER PROVIDERS	7	32	\$ 1,751.13	\$ 54.72	4.571	\$ 250.16	\$ 250.16
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.286	25.00	7.14
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	22	1,564.70	71.12	3.143	223.53	223.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	136.43	17.05	1.143	34.11	19.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	12	\$ 2,208.61	\$ 184.05	1.714	\$ 552.15	\$ 315.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,845
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
488 ELIGIBLES							

@TOTAL, ALL PROVIDERS	462	27,228	\$	247,593.09	\$	9.09	55.795	\$	535.92	\$	507.36
@PHYSICIANS SERVICES	91	329	\$	8,967.38	\$	27.26	.674	\$	98.54	\$	18.38
OUTPATIENT VISITS	2	2		77.35		38.68	.004		38.68		.16
OFFICE VISITS	1	1		9.00		9.00	.002		9.00		.02
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.002		68.35		.14
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		8.01		8.01	.002		8.01		.02
EXAMINATIONS	1	1		8.01		8.01	.002		8.01		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	40		256.03		6.40	.082		256.03		.52
OTHER SERVICES/ALL X-OVERS	87	286		8,625.99		30.16	.586		99.15		17.68
@PHARMACY	414	25,116	\$	187,884.33	\$	7.48	51.467	\$	453.83	\$	385.01
PRESCRIPTION DRUGS	407	2,265		177,792.12		78.50	4.641		436.84		364.33

SNF/ICF	4	21		4,451.15	211.96	.043	1112.79	9.12
OUTPATIENTS	405	2,244		173,340.97	77.25	4.598	428.00	355.21
MEDICAL SUPPLIES	81	22,851		10,092.21	.44	46.826	124.60	20.68
@DENTIST	8	25	\$	482.00	\$ 19.28	.051	\$ 60.25	\$.99
VISITS - DIAGNOSTIC	6	23		309.00	13.43	.047	51.50	.63
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		173.00	86.50	.004	86.50	.35
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,846
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	41	\$ 919.54	\$ 22.43	.084	\$ 65.68	\$ 1.88
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.006	47.45	.29
EYE APPLIANCES	13	35	626.83	17.91	.072	48.22	1.28
OTHER OPTOMETRIC SERVICES	2	3	150.36	50.12	.006	75.18	.31
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.008	\$ 33.44	\$.14
VISITS	2	4	66.88	16.72	.008	33.44	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	34	\$ 4,119.43	\$ 121.16	.070	\$ 274.63	\$ 8.44
HOSP INPATIENT TOTAL	5	0	3,922.88	.00	.000	784.58	8.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	3,922.88	.00	.000	784.58	8.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	34	196.55	5.78	.070	17.87	.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	70.18	14.04	.010	35.09	.14

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	29	126.37	4.36	.059	14.04	.26
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	34	\$ 4,119.43	\$ 121.16	.070	\$ 274.63	\$ 8.44
COMM HOSP INPATIENT TOTAL	5	0	3,922.88	.00	.000	784.58	8.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	3,922.88	.00	.000	784.58	8.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	34	196.55	5.78	.070	17.87	.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	70.18	14.04	.010	35.09	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	29	126.37	4.36	.059	14.04	.26
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	91	\$ 11,431.10	\$ 125.62	.186	\$ 2286.22	\$ 23.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	91	11,431.10	125.62	.186	2286.22	23.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	19	\$ 8,159.35	\$ 429.44	.039	\$ 582.81	\$ 16.72
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	19	8,159.35	429.44	.039	582.81	16.72
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	158	309	\$ 18,144.05	\$ 58.72	.633	\$ 114.84	\$ 37.18
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	30.16	30.16	.002	30.16	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	157	308	18,113.89	58.81	.631	115.38	37.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
KINGS COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

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488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	106	1,260	\$ 7,419.03	\$ 5.89	2.582	\$ 69.99	\$ 15.20
DURABLE MED. EQUIP.	3	5	269.45	53.89	.010	89.82	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	687	2,592.60	3.77	1.408	199.43	5.31
AMBULANCES/AIR TRANS	1	3	114.26	38.09	.006	114.26	.23
OTHER TRANS	6	661	2,232.70	3.38	1.355	372.12	4.58
OTHER SERVICES	6	23	245.64	10.68	.047	40.94	.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	46	594.74	12.93	.094	31.30	1.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	66.60	33.30	.004	66.60	.14
PROSTHETICS	1	2	66.60	33.30	.004	66.60	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	8	92.84	11.61	.016	23.21	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	78	512	3,802.80	7.43	1.049	48.75	7.79
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	160	1,930	\$ 26,259.20	\$ 13.61	3.955	\$ 164.12	\$ 53.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,852
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 4,853

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,348	69,906	\$ 696,411.55	\$ 9.96	50.437	\$ 516.63	\$ 502.46
@PHYSICIANS SERVICES	306	1,259	\$ 19,123.68	\$ 15.19	.908	\$ 62.50	\$ 13.80
OUTPATIENT VISITS	3	3	114.85	38.28	.002	38.28	.08
OFFICE VISITS	2	2	46.50	23.25	.001	23.25	.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	0	2.00	.00	.000	2.00	.00
EXAMINATIONS	1	0	2.00	.00	.000	2.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.73	5.73	.001	5.73	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	80	768.09	9.60	.058	384.05	.55
OTHER SERVICES/ALL X-OVERS	300	1,174	18,224.44	15.52	.847	60.75	13.15
@PHARMACY	1,184	62,531	\$ 482,558.32	\$ 7.72	45.116	\$ 407.57	\$ 348.17
PRESCRIPTION DRUGS	1,164	6,085	458,248.78	75.31	4.390	393.68	330.63
SNF/ICF	16	121	10,535.73	87.07	.087	658.48	7.60
OUTPATIENTS	1,152	5,964	447,713.05	75.07	4.303	388.64	323.03
MEDICAL SUPPLIES	241	56,446	24,309.54	.43	40.726	100.87	17.54
@DENTIST	46	156	\$ 8,501.00	\$ 54.49	.113	\$ 184.80	\$ 6.13
VISITS - DIAGNOSTIC	30	107	1,372.00	12.82	.077	45.73	.99
ORAL SURGERY	4	15	1,265.00	84.33	.011	316.25	.91
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	291.00	97.00	.002	97.00	.21
ENDODONTICS	5	6	905.00	150.83	.004	181.00	.65
RESTORATIVE DENTISTRY	8	14	1,845.00	131.79	.010	230.63	1.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	6	11	2,823.00	256.64	.008	470.50	2.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,854
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	87	\$	1,775.42	\$ 20.41	.063	\$ 55.48	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.002	47.45	.10
EYE APPLIANCES	29	79		1,407.58	17.82	.057	48.54	1.02
OTHER OPTOMETRIC SERVICES	4	5		225.49	45.10	.004	56.37	.16
@CHIROPRACTOR	2	4	\$	66.88	\$ 16.72	.003	\$ 33.44	\$.05
VISITS	2	4		66.88	16.72	.003	33.44	.05
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	10	\$	68.65	\$ 6.87	.007	\$ 9.81	\$.05
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	7	10		68.65	6.87	.007	9.81	.05
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	102	327	\$	29,295.86	\$ 89.59	.236	\$ 287.21	\$ 21.14
HOSP INPATIENT TOTAL	29	2		25,813.74	12906.87	.001	890.13	18.62
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2		1,337.89	668.95	.001	1337.89	.97
ACCOMMODATIONS	1	2		801.90	400.95	.001	801.90	.58
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		801.90	400.95	.001	801.90	.58
ANCILLARIES	1	0		535.99	.00	.000	535.99	.39
INPATIENT CROSSOVERS	28	0		24,475.85	.00	.000	874.14	17.66
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	76	325		3,482.12	10.71	.234	45.82	2.51
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	13		137.95	10.61	.009	22.99	.10
RADIOLOGY	1	1		22.86	22.86	.001	22.86	.02
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	70	311		3,321.31	10.68	.224	47.45	2.40
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,855
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102		327	\$ 29,295.86	\$ 89.59	.236	\$ 287.21	\$ 21.14
COMM HOSP INPATIENT TOTAL	29		2	25,813.74	12906.87	.001	890.13	18.62
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1		2	1,337.89	668.95	.001	1337.89	.97
ACCOMMODATIONS	1		2	801.90	400.95	.001	801.90	.58
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		2	801.90	400.95	.001	801.90	.58
ANCILLARIES	1		0	535.99	.00	.000	535.99	.39
INPATIENT CROSSOVERS	28		0	24,475.85	.00	.000	874.14	17.66
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	76		325	3,482.12	10.71	.234	45.82	2.51
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	6		13	137.95	10.61	.009	22.99	.10
RADIOLOGY	1		1	22.86	22.86	.001	22.86	.02
ROOM USE	0		0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	70	311		3,321.31	10.68	.224	47.45	2.40
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	21	473	\$	63,512.26	134.28	.341	3024.39	45.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	21	473		63,512.26	134.28	.341	3024.39	45.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	33	\$	14,488.60	439.05	.024	579.54	10.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	33		14,488.60	439.05	.024	579.54	10.45
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	414	737	\$	35,300.06	47.90	.532	85.27	25.47
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	10	16		1,070.48	66.91	.012	107.05	.77
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	405	721		34,229.58	47.48	.520	84.52	24.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,856
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	308	4,289	\$	41,720.82	\$ 9.73	3.095	\$ 135.46	\$ 30.10
DURABLE MED. EQUIP.	6	8		486.24	60.78	.006	81.04	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	12		1,886.57	157.21	.009	209.62	1.36
MEDICAL TRANSPORTATION	47	3,060		10,752.73	3.51	2.208	228.78	7.76
AMBULANCES/AIR TRANS	3	15		571.30	38.09	.011	190.43	.41
OTHER TRANS	22	2,962		9,294.65	3.14	2.137	422.48	6.71
OTHER SERVICES	22	83		886.78	10.68	.060	40.31	.64
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	51	305		15,260.18	50.03	.220	299.22	11.01
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	32	71		896.57	12.63	.051	28.02	.65
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3		1.29	.43	.002	.65	.00
PROSTHETIST/ORTHOTISTS	3	22		148.20	6.74	.016	49.40	.11
PROSTHETICS	3	22		148.20	6.74	.016	49.40	.11
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	8		447.30	55.91	.006	89.46	.32

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	8	92.84	11.61	.006	23.21	.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	203	792	11,748.90	14.83	.571	57.88	8.48
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	529	3,713	\$ 84,620.03	\$ 22.79	2.679	\$ 159.96	\$ 61.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

1,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,275	123,520	\$ 650,964.94	\$ 5.27	103.798	\$ 510.56	\$ 547.03
@PHYSICIANS SERVICES	271	1,137	\$ 23,509.27	\$ 20.68	.955	\$ 86.75	\$ 19.76
OUTPATIENT VISITS	7	11	432.48	39.32	.009	61.78	.36
OFFICE VISITS	6	10	324.40	32.44	.008	54.07	.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	6	340.62	56.77	.005	113.54	.29
HOSPITAL VISITS	3	6	340.62	56.77	.005	113.54	.29
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.04
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	4	4	900.16	225.04	.003	225.04	.76
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	9	169.03	18.78	.008	21.13	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	256	1,106	21,620.54	19.55	.929	84.46	18.17
@PHARMACY	1,082	89,257	\$ 396,777.15	\$ 4.45	75.006	\$ 366.71	\$ 333.43
PRESCRIPTION DRUGS	1,026	4,994	364,709.64	73.03	4.197	355.47	306.48
SNF/ICF	14	93	5,166.05	55.55	.078	369.00	4.34
OUTPATIENTS	1,014	4,901	359,543.59	73.36	4.118	354.58	302.14
MEDICAL SUPPLIES	342	84,263	32,067.51	.38	70.809	93.76	26.95
@DENTIST	39	164	\$ 6,688.00	\$ 40.78	.138	\$ 171.49	\$ 5.62
VISITS - DIAGNOSTIC	24	88	853.00	9.69	.074	35.54	.72
ORAL SURGERY	5	7	276.00	39.43	.006	55.20	.23

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.10
ENDODONTICS	2	2	.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	7	19	1,017.00	53.53	.016	145.29	.85
PROSTHETICS	3	3	60.00	20.00	.003	20.00	.05
DENTURES, STAYPLATES	13	42	4,364.00	103.90	.035	335.69	3.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,858
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	58	\$ 1,146.25	\$ 19.76	.049	\$ 45.85	\$.96
DIAGNOSTIC AND ANC. PROCED	2	2	62.03	31.02	.002	31.02	.05
EYE APPLIANCES	18	47	828.45	17.63	.039	46.03	.70
OTHER OPTOMETRIC SERVICES	6	9	255.77	28.42	.008	42.63	.21
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$ 153.48	\$ 19.19	.007	\$ 25.58	\$.13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	153.48	19.19	.007	25.58	.13
@HOME HEALTH AGENCY	1	12	\$ 874.95	\$ 72.91	.010	\$ 874.95	\$.74
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	105	367	\$ 38,254.31	\$ 104.24	.308	\$ 364.33	\$ 32.15
HOSP INPATIENT TOTAL	32	8	34,800.85	4350.11	.007	1087.53	29.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	8	12,257.54	1532.19	.007	4085.85	10.30
ACCOMMODATIONS	3	8	3,237.15	404.64	.007	1079.05	2.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	8	3,237.15	404.64	.007	1079.05	2.72
ANCILLARIES	3	0	9,020.39	.00	.000	3006.80	7.58
INPATIENT CROSSOVERS	29	0	22,543.31	.00	.000	777.36	18.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	359	3,453.46	9.62	.302	46.05	2.90
MEDICAL	2	3	70.06	23.35	.003	35.03	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	49	517.77	10.57	.041	57.53	.44
RADIOLOGY	8	9	706.63	78.51	.008	88.33	.59
ROOM USE	2	2	83.98	41.99	.002	41.99	.07
CROSSOVERS/ALL OTH OUTPTNT	62	296	2,075.02	7.01	.249	33.47	1.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,859
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	105	367	\$ 38,254.31	\$ 104.24	.308	\$ 364.33	\$ 32.15	
COMM HOSP INPATIENT TOTAL	32	8	34,800.85	4350.11	.007	1087.53	29.24	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	8	12,257.54	1532.19	.007	4085.85	10.30	
ACCOMMODATIONS	3	8	3,237.15	404.64	.007	1079.05	2.72	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	8	3,237.15	404.64	.007	1079.05	2.72	
ANCILLARIES	3	0	9,020.39	.00	.000	3006.80	7.58	
INPATIENT CROSSOVERS	29	0	22,543.31	.00	.000	777.36	18.94	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	75	359	3,453.46	9.62	.302	46.05	2.90	
MEDICAL	2	3	70.06	23.35	.003	35.03	.06	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	9	49	517.77	10.57	.041	57.53	.44	
RADIOLOGY	8	9	706.63	78.51	.008	88.33	.59	
ROOM USE	2	2	83.98	41.99	.002	41.99	.07	
CROSSOVERS/ALL OTH OUTPTNT	62	296	2,075.02	7.01	.249	33.47	1.74	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	26	322	\$ 64,948.14	\$ 201.70	.271	\$ 2498.01	\$ 54.58	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	26	322	64,948.14	201.70	.271	2498.01	54.58	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	40	1,263	\$ 37,094.75	\$ 29.37	1.061	\$ 927.37	\$ 31.17	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	40	1,263	37,094.75	29.37	1.061	927.37	31.17	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	33	\$	411.57	\$	12.47	.028	\$	68.60	\$	.35
PATHOLOGY	5	30		397.16		13.24	.025		79.43		.33
XO AND OTHERS	1	3		14.41		4.80	.003		14.41		.01
@ORGANIZED OUTPATIENT CLINIC	194	334	\$	24,348.14	\$	72.90	.281	\$	125.51	\$	20.46
CLINIC	6	7		70.67		10.10	.006		11.78		.06
SURGICENTER	8	8		1,401.42		175.18	.007		175.18		1.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	184	319		22,876.05		71.71	.268		124.33		19.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 4,860
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

1,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	466	30,565	\$ 56,758.93	\$ 1.86	25.685	\$ 121.80	\$ 47.70
DURABLE MED. EQUIP.	26	40	2,338.18	58.45	.034	89.93	1.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	30	3,330.45	111.02	.025	185.03	2.80
MEDICAL TRANSPORTATION	64	3,726	14,949.23	4.01	3.131	233.58	12.56
AMBULANCES/AIR TRANS	8	66	1,414.94	21.44	.055	176.87	1.19
OTHER TRANS	44	3,525	12,932.99	3.67	2.962	293.93	10.87
OTHER SERVICES	16	135	601.30	4.45	.113	37.58	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	59	267	17,296.60	64.78	.224	293.16	14.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	45	575.66	12.79	.038	27.41	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	132.20	44.07	.003	132.20	.11
PROSTHETICS	1	3	132.20	44.07	.003	132.20	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	13	513.86	39.53	.011	73.41	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	344	26,441	17,622.75	.67	22.219	51.23	14.81
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	635	11,187	102,704.36	9.18	9.401	161.74	86.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,861
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,862
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,863
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,864
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 4,865
03/14/05

754 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	697	66,084	\$ 469,742.71	\$ 7.11	87.645	\$ 673.95	\$ 623.00
@PHYSICIANS SERVICES	132	2,363	\$ 27,520.82	\$ 11.65	3.134	\$ 208.49	\$ 36.50
OUTPATIENT VISITS	21	48	798.14	16.63	.064	38.01	1.06
OFFICE VISITS	14	40	256.33	6.41	.053	18.31	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	442.06	73.68	.008	73.68	.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	99.75	49.88	.003	49.88	.13
INPATIENT VISITS	3	25	1,668.90	66.76	.033	556.30	2.21
HOSPITAL VISITS	3	19	988.80	52.04	.025	329.60	1.31
CRITICAL CARE	1	5	608.00	121.60	.007	608.00	.81
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.10
OPHTHALMOLOGICAL SERVICES	1	0	49.78	.00	.000	49.78	.07
EXAMINATIONS	1	0	49.78	.00	.000	49.78	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	228.06	57.02	.005	114.03	.30
PRINCIPAL SURGEON	2	4	228.06	57.02	.005	114.03	.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	187.78	93.89	.003	93.89	.25
PRINCIPAL SURGEON	2	2	187.78	93.89	.003	93.89	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	6	629.88	104.98	.008	629.88	.84
PATHOLOGY	6	28	48.10	1.72	.037	8.02	.06

RADIOLOGY	5	14		261.58		18.68	.019	52.32	.35
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	1,724		17,640.73		10.23	2.286	1470.06	23.40
OTHER SERVICES/ALL X-OVERS	117	512		6,007.87		11.73	.679	51.35	7.97
@PHARMACY	630	30,877	\$	255,336.86	\$	8.27	40.951	\$ 405.30	\$ 338.64
PRESCRIPTION DRUGS	604	3,020		238,698.68		79.04	4.005	395.20	316.58
SNF/ICF	9	77		5,145.38		66.82	.102	571.71	6.82
OUTPATIENTS	601	2,943		233,553.30		79.36	3.903	388.61	309.75
MEDICAL SUPPLIES	160	27,857		16,638.18		.60	36.946	103.99	22.07
@DENTIST	30	178	\$	7,858.50	\$	44.15	.236	\$ 261.95	\$ 10.42
VISITS - DIAGNOSTIC	20	100		985.50		9.86	.133	49.28	1.31
ORAL SURGERY	6	43		1,971.00		45.84	.057	328.50	2.61
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		118.00		118.00	.001	118.00	.16
ENDODONTICS	2	2		590.00		295.00	.003	295.00	.78
RESTORATIVE DENTISTRY	8	12		664.00		55.33	.016	83.00	.88
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	20		3,530.00		176.50	.027	588.33	4.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
MOPO24									
FEE-FOR-SERVICE/DENTAL									
KINGS COUNTY									
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED									
AID CODE 68									
----- MONTHLY AVERAGE -----									
754 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	15	39	\$	728.92	\$	18.69	.052	\$ 48.59	\$.97
DIAGNOSTIC AND ANC. PROCED	3	4		134.34		33.59	.005	44.78	.18
EYE APPLIANCES	12	31		542.15		17.49	.041	45.18	.72
OTHER OPTOMETRIC SERVICES	3	4		52.43		13.11	.005	17.48	.07
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	3	23	\$	174.35	\$	7.58	.031	\$ 58.12	\$.23
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	3	23		174.35		7.58	.031	58.12	.23
@HOME HEALTH AGENCY	2	4	\$	209.98	\$	52.50	.005	\$ 104.99	\$.28
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	78	411	\$	64,758.76	\$	157.56	.545	\$ 830.24	\$ 85.89
HOSP INPATIENT TOTAL	14	31		57,834.63		1865.63	.041	4131.05	76.70
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	31		49,743.59		1604.63	.041	16581.20	65.97
ACCOMMODATIONS	3	31		14,866.74		479.57	.041	4955.58	19.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	3	31		14,866.74		479.57	.041	4955.58	19.72
ANCILLARIES	3	0		34,876.85		.00	.000	11625.62	46.26

INPATIENT CROSSOVERS	11	0	8,091.04	.00	.000	735.55	10.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	380	6,924.13	18.22	.504	101.83	9.18
MEDICAL	6	8	422.04	52.76	.011	70.34	.56
SURGERY	2	3	55.95	18.65	.004	27.98	.07
PATHOLOGY	16	80	848.58	10.61	.106	53.04	1.13
RADIOLOGY	7	10	845.64	84.56	.013	120.81	1.12
ROOM USE	11	15	747.03	49.80	.020	67.91	.99
CROSSOVERS/ALL OTH OUTPTNT	49	264	4,004.89	15.17	.350	81.73	5.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,867
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

754 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	411	\$ 64,758.76	\$ 157.56	.545	\$ 830.24	\$ 85.89
COMM HOSP INPATIENT TOTAL	14	31	57,834.63	1865.63	.041	4131.05	76.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	31	49,743.59	1604.63	.041	16581.20	65.97
ACCOMMODATIONS	3	31	14,866.74	479.57	.041	4955.58	19.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	31	14,866.74	479.57	.041	4955.58	19.72
ANCILLARIES	3	0	34,876.85	.00	.000	11625.62	46.26
INPATIENT CROSSOVERS	11	0	8,091.04	.00	.000	735.55	10.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	380	6,924.13	18.22	.504	101.83	9.18
MEDICAL	6	8	422.04	52.76	.011	70.34	.56
SURGERY	2	3	55.95	18.65	.004	27.98	.07
PATHOLOGY	16	80	848.58	10.61	.106	53.04	1.13
RADIOLOGY	7	10	845.64	84.56	.013	120.81	1.12
ROOM USE	11	15	747.03	49.80	.020	67.91	.99
CROSSOVERS/ALL OTH OUTPTNT	49	264	4,004.89	15.17	.350	81.73	5.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	130	\$ 19,941.06	\$ 153.39	.172	\$ 2215.67	\$ 26.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	9	130		19,941.06	153.39	.172	2215.67	26.45	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	11	17	\$	6,243.18	367.25	.023	567.56	8.28	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	11	17		6,243.18	367.25	.023	567.56	8.28	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	6	25	\$	166.59	6.66	.033	27.77	.22	
PATHOLOGY	4	22		158.88	7.22	.029	39.72	.21	
XO AND OTHERS	2	3		7.71	2.57	.004	3.86	.01	
@ORGANIZED OUTPATIENT CLINIC	207	426	\$	39,117.61	91.83	.565	188.97	51.88	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	2	3		234.96	78.32	.004	117.48	.31	
HEROIN DETOX CLINIC	1	5		73.00	14.60	.007	73.00	.10	
RURAL HEALTH CLINIC	206	418		38,809.65	92.85	.554	188.40	51.47	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 4,868
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

754 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	178	31,591	\$ 47,686.08	\$ 1.51	41.898	\$ 267.90	\$ 63.24
DURABLE MED. EQUIP.	15	29	7,288.28	251.32	.038	485.89	9.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10	2,240.91	224.09	.013	224.09	2.97
MEDICAL TRANSPORTATION	39	14,330	29,266.32	2.04	19.005	750.42	38.81
AMBULANCES/AIR TRANS	5	62	694.46	11.20	.082	138.89	.92
OTHER TRANS	29	14,132	28,373.37	2.01	18.743	978.39	37.63
OTHER SERVICES	7	136	198.49	1.46	.180	28.36	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	317.00	45.29	.009	158.50	.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	180.21	11.26	.021	25.74	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	21	289.60	13.79	.028	96.53	.38
PROSTHETICS	3	21	289.60	13.79	.028	96.53	.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	270.64	54.13	.007	135.32	.36
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	129	17,173	7,833.12	.46	22.776	60.72	10.39
@CALIF. CHILDREN SERVICES*	3	27	\$ 1,046.93	\$ 38.78	.036	\$ 348.98	\$ 1.39
@XOVER EXCLUDING STATE HOSP**	241	2,394	\$ 33,447.79	\$ 13.97	3.175	\$ 138.79	\$ 44.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,869
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,972	189,604	\$ 1,120,707.65	\$ 5.91	97.533	\$ 568.31	\$ 576.50
@PHYSICIANS SERVICES	403	3,500	\$ 51,030.09	\$ 14.58	1.800	\$ 126.63	\$ 26.25
OUTPATIENT VISITS	28	59	1,230.62	20.86	.030	43.95	.63
OFFICE VISITS	20	50	580.73	11.61	.026	29.04	.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7	550.14	78.59	.004	78.59	.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	99.75	49.88	.001	49.88	.05
INPATIENT VISITS	6	31	2,009.52	64.82	.016	334.92	1.03
HOSPITAL VISITS	6	25	1,329.42	53.18	.013	221.57	.68
CRITICAL CARE	1	5	608.00	121.60	.003	608.00	.31
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.04
OPHTHALMOLOGICAL SERVICES	2	1	96.22	96.22	.001	48.11	.05
EXAMINATIONS	2	1	96.22	96.22	.001	48.11	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	228.06	57.02	.002	114.03	.12
PRINCIPAL SURGEON	2	4	228.06	57.02	.002	114.03	.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	187.78	93.89	.001	93.89	.10
PRINCIPAL SURGEON	2	2	187.78	93.89	.001	93.89	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	5	10	1,530.04	153.00	.005	306.01	.79
PATHOLOGY	6	28	48.10	1.72	.014	8.02	.02
RADIOLOGY	13	23	430.61	18.72	.012	33.12	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	1,724	17,640.73	10.23	.887	1470.06	9.07
OTHER SERVICES/ALL X-OVERS	373	1,618	27,628.41	17.08	.832	74.07	14.21
@PHARMACY	1,712	120,134	\$ 652,114.01	\$ 5.43	61.797	\$ 380.91	\$ 335.45
PRESCRIPTION DRUGS	1,630	8,014	603,408.32	75.29	4.122	370.19	310.40
SNF/ICF	23	170	10,311.43	60.66	.087	448.32	5.30
OUTPATIENTS	1,615	7,844	593,096.89	75.61	4.035	367.24	305.09
MEDICAL SUPPLIES	502	112,120	48,705.69	.43	57.675	97.02	25.05
@DENTIST	69	342	\$ 14,546.50	\$ 42.53	.176	\$ 210.82	\$ 7.48
VISITS - DIAGNOSTIC	44	188	1,838.50	9.78	.097	41.78	.95
ORAL SURGERY	11	50	2,247.00	44.94	.026	204.27	1.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.001	118.00	.12
ENDODONTICS	4	4	590.00	147.50	.002	147.50	.30
RESTORATIVE DENTISTRY	15	31	1,681.00	54.23	.016	112.07	.86
PROSTHETICS	3	3	60.00	20.00	.002	20.00	.03

DENTURES, STAYPLATES	19	62	7,894.00	127.32	.032	415.47	4.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,870
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	40	97	\$ 1,875.17	\$ 19.33	.050	\$ 46.88	\$.96
DIAGNOSTIC AND ANC. PROCED	5	6	196.37	32.73	.003	39.27	.10
EYE APPLIANCES	30	78	1,370.60	17.57	.040	45.69	.71
OTHER OPTOMETRIC SERVICES	9	13	308.20	23.71	.007	34.24	.16
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	31	\$ 327.83	\$ 10.58	.016	\$ 36.43	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	31	327.83	10.58	.016	36.43	.17
@HOME HEALTH AGENCY	3	16	\$ 1,084.93	\$ 67.81	.008	\$ 361.64	\$.56
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	183	778	\$ 103,013.07	\$ 132.41	.400	\$ 562.91	\$ 52.99
HOSP INPATIENT TOTAL	46	39	92,635.48	2375.27	.020	2013.81	47.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	6	39	62,001.13	1589.77	.020	10333.52	31.89
ACCOMMODATIONS	6	39	18,103.89	464.20	.020	3017.32	9.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	39	18,103.89	464.20	.020	3017.32	9.31
ANCILLARIES	6	0	43,897.24	.00	.000	7316.21	22.58
INPATIENT CROSSOVERS	40	0	30,634.35	.00	.000	765.86	15.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	143	739	10,377.59	14.04	.380	72.57	5.34
MEDICAL	8	11	492.10	44.74	.006	61.51	.25
SURGERY	2	3	55.95	18.65	.002	27.98	.03
PATHOLOGY	25	129	1,366.35	10.59	.066	54.65	.70
RADIOLOGY	15	19	1,552.27	81.70	.010	103.48	.80
ROOM USE	13	17	831.01	48.88	.009	63.92	.43
CROSSOVERS/ALL OTH OUTPTNT	111	560	6,079.91	10.86	.288	54.77	3.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,871
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	778	\$ 103,013.07	\$ 132.41	.400 \$ 562.91 \$ 52.99
COMM HOSP INPATIENT TOTAL	46	39	92,635.48	2375.27	.020 2013.81 47.65
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	6	39	62,001.13	1589.77	.020 10333.52 31.89
ACCOMMODATIONS	6	39	18,103.89	464.20	.020 3017.32 9.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	6	39	18,103.89	464.20	.020 3017.32 9.31
ANCILLARIES	6	0	43,897.24	.00	.000 7316.21 22.58
INPATIENT CROSSOVERS	40	0	30,634.35	.00	.000 765.86 15.76
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	143	739	10,377.59	14.04	.380 72.57 5.34
MEDICAL	8	11	492.10	44.74	.006 61.51 .25
SURGERY	2	3	55.95	18.65	.002 27.98 .03
PATHOLOGY	25	129	1,366.35	10.59	.066 54.65 .70
RADIOLOGY	15	19	1,552.27	81.70	.010 103.48 .80
ROOM USE	13	17	831.01	48.88	.009 63.92 .43

CROSSOVERS/ALL OTH OUTPTNT	111	560		6,079.91	10.86	.288	54.77	3.13
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	35	452	\$	84,889.20	\$ 187.81	.233	\$ 2425.41	\$ 43.67
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	35	452		84,889.20	187.81	.233	2425.41	43.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	51	1,280	\$	43,337.93	\$ 33.86	.658	\$ 849.76	\$ 22.29
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	51	1,280		43,337.93	33.86	.658	849.76	22.29
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	58	\$	578.16	\$ 9.97	.030	\$ 48.18	\$.30
PATHOLOGY	9	52		556.04	10.69	.027	61.78	.29
XO AND OTHERS	3	6		22.12	3.69	.003	7.37	.01
@ORGANIZED OUTPATIENT CLINIC	401	760	\$	63,465.75	\$ 83.51	.391	\$ 158.27	\$ 32.65
CLINIC	6	7		70.67	10.10	.004	11.78	.04
SURGICENTER	10	11		1,636.38	148.76	.006	163.64	.84
HEROIN DETOX CLINIC	1	5		73.00	14.60	.003	73.00	.04
RURAL HEALTH CLINIC	390	737		61,685.70	83.70	.379	158.17	31.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
KINGS COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL							
								PAGE 4,872
								03/14/05

----- MONTHLY AVERAGE -----								
1,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	644	62,156	\$ 104,445.01	\$ 1.68	31.973	\$ 162.18	\$ 53.73	
DURABLE MED. EQUIP.	41	69	9,626.46	139.51	.035	234.79	4.95	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	28	40	5,571.36	139.28	.021	198.98	2.87	
MEDICAL TRANSPORTATION	103	18,056	44,215.55	2.45	9.288	429.28	22.74	
AMBULANCES/AIR TRANS	13	128	2,109.40	16.48	.066	162.26	1.09	
OTHER TRANS	73	17,657	41,306.36	2.34	9.083	565.84	21.25	
OTHER SERVICES	23	271	799.79	2.95	.139	34.77	.41	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	61	274	17,613.60	64.28	.141	288.75	9.06	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	28	61	755.87	12.39	.031	27.00	.39	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	4	24	421.80	17.58	.012	105.45	.22	
PROSTHETICS	4	24	421.80	17.58	.012	105.45	.22	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	9	18	784.50	43.58	.009	87.17	.40	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	473	43,614	25,455.87	.58	22.435	53.82	13.09
@CALIF. CHILDREN SERVICES*	3	27	\$ 1,046.93	\$ 38.78	.014	\$ 348.98	\$.54
@XOVER EXCLUDING STATE HOSP**	876	13,581	\$ 136,152.15	\$ 10.03	6.986	\$ 155.42	\$ 70.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 4,873

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

14,305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,001	442,864	\$ 6,006,999.76	\$ 13.56	30.959	\$ 500.54	\$ 419.92
@PHYSICIANS SERVICES	2,256	11,694	\$ 138,535.85	\$ 11.85	.817	\$ 61.41	\$ 9.68
OUTPATIENT VISITS	21	37	1,327.01	35.87	.003	63.19	.09
OFFICE VISITS	18	31	868.97	28.03	.002	48.28	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	458.04	76.34	.000	114.51	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	6	340.62	56.77	.000	113.54	.02
HOSPITAL VISITS	3	6	340.62	56.77	.000	113.54	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	1	75.43	75.43	.000	37.72	.01
EXAMINATIONS	2	1	75.43	75.43	.000	37.72	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	12	161.40	13.45	.001	161.40	.01
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	161.40	13.45	.001	161.40	.01
OUTPATIENT SURGERY	3	15	358.78	23.92	.001	119.59	.03
PRINCIPAL SURGEON	1	3	148.96	49.65	.000	148.96	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	209.82	17.49	.001	104.91	.01
DIALYSIS	4	4	900.16	225.04	.000	225.04	.06
PATHOLOGY	7	9	94.09	10.45	.001	13.44	.01
RADIOLOGY	13	17	287.81	16.93	.001	22.14	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	48	572.86	11.93	.003	114.57	.04
OTHER SERVICES/ALL X-OVERS	2,221	11,545	134,417.69	11.64	.807	60.52	9.40
@PHARMACY	10,255	329,775	\$ 3,363,367.74	\$ 10.20	23.053	\$ 327.97	\$ 235.12
PRESCRIPTION DRUGS	9,998	43,605	3,208,565.62	73.58	3.048	320.92	224.30
SNF/ICF	243	1,912	125,499.84	65.64	.134	516.46	8.77
OUTPATIENTS	9,777	41,693	3,083,065.78	73.95	2.915	315.34	215.52
MEDICAL SUPPLIES	1,870	286,170	154,802.12	.54	20.005	82.78	10.82
@DENTIST	433	2,242	\$ 89,890.90	\$ 40.09	.157	\$ 207.60	\$ 6.28
VISITS - DIAGNOSTIC	282	1,379	12,683.60	9.20	.096	44.98	.89
ORAL SURGERY	82	251	12,912.75	51.45	.018	157.47	.90

DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.02
PERIODONTICS	38	39	3,862.00	99.03	.003	101.63	.27
ENDODONTICS	20	30	5,820.00	194.00	.002	291.00	.41
RESTORATIVE DENTISTRY	78	197	14,074.40	71.44	.014	180.44	.98
PROSTHETICS	6	7	180.00	25.71	.000	30.00	.01
DENTURES, STAYPLATES	109	330	40,012.75	121.25	.023	367.09	2.80
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	30.40	30.40	.000	30.40	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	4	.00	.00	.000	.00	.00

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14,305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	347	954	\$ 18,366.39	\$ 19.25	.067	\$ 52.93	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	46	49	1,933.12	39.45	.003	42.02	.14
EYE APPLIANCES	298	823	14,386.34	17.48	.058	48.28	1.01
OTHER OPTOMETRIC SERVICES	55	82	2,046.93	24.96	.006	37.22	.14
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	62	127	\$ 1,039.32	\$ 8.18	.009	\$ 16.76	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	62	127	1,039.32	8.18	.009	16.76	.07
@HOME HEALTH AGENCY	1	12	\$ 874.95	\$ 72.91	.001	\$ 874.95	\$.06
NURSE ANESTHESIST	3	5	116.72	23.34	.000	38.91	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	661	2,355	\$ 566,530.57	\$ 240.56	.165	\$ 857.08	\$ 39.60
HOSP INPATIENT TOTAL	208	242	537,867.66	2222.59	.017	2585.90	37.60
HSC HOSPITALS	4	9	9,314.08	1034.90	.001	2328.52	.65
NON-HSC HOSPITAL TOTAL	39	233	370,046.46	1588.18	.016	9488.37	25.87
ACCOMMODATIONS	39	233	103,274.65	443.24	.016	2648.07	7.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	39	233	103,274.65	443.24	.016	2648.07	7.22
ANCILLARIES	39	0	266,771.81	.00	.000	6840.30	18.65
INPATIENT CROSSOVERS	165	0	158,507.12	.00	.000	960.65	11.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	475	2,113	28,662.91	13.57	.148	60.34	2.00
MEDICAL	7	13	475.78	36.60	.001	67.97	.03
SURGERY	2	2	101.23	50.62	.000	50.62	.01
PATHOLOGY	35	141	1,789.31	12.69	.010	51.12	.13
RADIOLOGY	12	13	806.56	62.04	.001	67.21	.06
ROOM USE	6	10	527.25	52.73	.001	87.88	.04
CROSSOVERS/ALL OTH OUTPTNT	439	1,934	24,962.78	12.91	.135	56.86	1.75
@COUNTY HOSPITAL TOTAL	2	2	\$ 7.37	\$ 3.69	.000	\$ 3.69	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	7.37	3.69	.000	3.69	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	7.37	3.69	.000	3.69	.00

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					----- MONTHLY AVERAGE -----			
14,305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	659	2,353	\$ 566,523.20	\$ 240.77	.164	\$ 859.67	\$ 39.60	
COMM HOSP INPATIENT TOTAL	208	242	537,867.66	2222.59	.017	2585.90	37.60	
HSC HOSPITALS	4	9	9,314.08	1034.90	.001	2328.52	.65	
NON-HSC HOSPITALS TOTAL	39	233	370,046.46	1588.18	.016	9488.37	25.87	
ACCOMMODATIONS	39	233	103,274.65	443.24	.016	2648.07	7.22	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	39	233	103,274.65	443.24	.016	2648.07	7.22	
ANCILLARIES	39	0	266,771.81	.00	.000	6840.30	18.65	
INPATIENT CROSSOVERS	165	0	158,507.12	.00	.000	960.65	11.08	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	473	2,111		28,655.54	13.57	.148	60.58	2.00
MEDICAL	7	13		475.78	36.60	.001	67.97	.03
SURGERY	2	2		101.23	50.62	.000	50.62	.01
PATHOLOGY	35	141		1,789.31	12.69	.010	51.12	.13
RADIOLOGY	12	13		806.56	62.04	.001	67.21	.06
ROOM USE	6	10		527.25	52.73	.001	87.88	.04
CROSSOVERS/ALL OTH OUTPTNT	437	1,932		24,955.41	12.92	.135	57.11	1.74
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	302	6,177	\$	1,107,030.47	\$ 179.22	.432	\$ 3665.66	\$ 77.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	351		203,604.57	580.07	.025	18509.51	14.23
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	296	5,826		903,425.90	155.07	.407	3052.11	63.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	131	2,596	\$	95,641.66	\$ 36.84	.181	\$ 730.09	\$ 6.69
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	131	2,596		95,641.66	36.84	.181	730.09	6.69
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	90	\$	815.02	\$ 9.06	.006	\$ 54.33	\$.06
PATHOLOGY	9	74		720.10	9.73	.005	80.01	.05
XO AND OTHERS	6	16		94.92	5.93	.001	15.82	.01
@ORGANIZED OUTPATIENT CLINIC	3,434	6,247	\$	314,716.40	\$ 50.38	.437	\$ 91.65	\$ 22.00
CLINIC	9	10		131.61	13.16	.001	14.62	.01
SURGICENTER	94	105		15,229.28	145.04	.007	162.01	1.06
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,357	6,132		299,355.51	48.82	.429	89.17	20.93

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	14,305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,370	80,588	\$	310,040.33	\$ 3.85	5.634	\$ 130.82	\$ 21.67
DURABLE MED. EQUIP.	56	89		7,314.28	82.18	.006	130.61	.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	147	234		30,922.05	132.15	.016	210.35	2.16
MEDICAL TRANSPORTATION	366	33,360		95,487.67	2.86	2.332	260.90	6.68
AMBULANCES/AIR TRANS	55	306		7,523.22	24.59	.021	136.79	.53
OTHER TRANS	207	32,330		82,784.74	2.56	2.260	399.93	5.79
OTHER SERVICES	138	724		5,179.71	7.15	.051	37.53	.36
ACUPUNCTURE	2	4		86.50	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	6	129		8,993.22	69.71	.009	1498.87	.63
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	202	932		64,099.84	68.78	.065	317.33	4.48
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	291	612		7,526.23	12.30	.043	25.86	.53
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	11	17	30.03	1.77	.001	2.73	.00
PROSTHETIST/ORTHOTISTS	9	42	713.49	16.99	.003	79.28	.05
PROSTHETICS	9	42	713.49	16.99	.003	79.28	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.00
SPEECH AND AUDIOLOGY	76	146	19,401.36	132.89	.010	255.28	1.36
HOSPICE SERVICES	6	146	17,787.18	121.83	.010	2964.53	1.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,473	44,876	57,639.99	1.28	3.137	39.13	4.03
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4,170	43,207	\$ 664,122.15	\$ 15.37	3.020	\$ 159.26	\$ 46.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,877
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

1,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	996	42,618	\$ 1,146,360.66	\$ 26.90	36.613	\$ 1150.96	\$ 984.85
@PHYSICIANS SERVICES	317	1,762	\$ 55,119.48	\$ 31.28	1.514	\$ 173.88	\$ 47.35
OUTPATIENT VISITS	108	174	8,960.91	51.50	.149	82.97	7.70
OFFICE VISITS	53	71	2,259.27	31.82	.061	42.63	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	50	73	5,566.33	76.25	.063	111.33	4.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	18	30	1,135.31	37.84	.026	63.07	.98
INPATIENT VISITS	26	119	5,803.70	48.77	.102	223.22	4.99
HOSPITAL VISITS	25	74	3,899.36	52.69	.064	155.97	3.35
CRITICAL CARE	1	13	1,580.80	121.60	.011	1580.80	1.36
SNF/ICF/TRANS IP CARE	2	32	323.54	10.11	.027	161.77	.28
OPHTHALMOLOGICAL SERVICES	16	23	951.46	41.37	.020	59.47	.82
EXAMINATIONS	16	23	951.46	41.37	.020	59.47	.82
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	58	4,073.33	70.23	.050	370.30	3.50
PRINCIPAL SURGEON	6	12	3,112.88	259.41	.010	518.81	2.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	46	960.45	20.88	.040	160.08	.83
OUTPATIENT SURGERY	31	92	13,119.10	142.60	.079	423.20	11.27
PRINCIPAL SURGEON	26	32	11,765.09	367.66	.027	452.50	10.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	60	1,354.01	22.57	.052	150.45	1.16
DIALYSIS	12	116	6,029.38	51.98	.100	502.45	5.18
PATHOLOGY	17	39	688.76	17.66	.034	40.52	.59
RADIOLOGY	75	136	4,544.32	33.41	.117	60.59	3.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	301.60	50.27	.005	50.27	.26
OTHER SERVICES/ALL X-OVERS	186	999	10,646.92	10.66	.858	57.24	9.15
@PHARMACY	810	31,779	\$ 414,084.84	\$ 13.03	27.302	\$ 511.22	\$ 355.74
PRESCRIPTION DRUGS	780	3,954	391,238.90	98.95	3.397	501.59	336.12

SNF/ICF	6	39		2,258.14	57.90	.034	376.36	1.94
OUTPATIENTS	775	3,915		388,980.76	99.36	3.363	501.91	334.18
MEDICAL SUPPLIES	222	27,825		22,845.94	.82	23.905	102.91	19.63
@DENTIST	36	201	\$	7,667.50	\$ 38.15	.173	\$ 212.99	\$ 6.59
VISITS - DIAGNOSTIC	24	136		1,467.50	10.79	.117	61.15	1.26
ORAL SURGERY	6	11		535.00	48.64	.009	89.17	.46
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.09
PERIODONTICS	2	2		236.00	118.00	.002	118.00	.20
ENDODONTICS	2	2		590.00	295.00	.002	295.00	.51
RESTORATIVE DENTISTRY	9	12		1,684.00	140.33	.010	187.11	1.45
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	37		3,055.00	82.57	.032	509.17	2.62
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	1,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	72	\$	2,254.74	\$ 31.32	.062	\$ 83.51	\$ 1.94
DIAGNOSTIC AND ANC. PROCED	8	11		413.27	37.57	.009	51.66	.36
EYE APPLIANCES	23	59		1,813.46	30.74	.051	78.85	1.56
OTHER OPTOMETRIC SERVICES	1	2		28.01	14.01	.002	28.01	.02
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$	8.14	\$ 2.04	.003	\$ 4.07	\$.01
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	4		8.14	2.04	.003	4.07	.01
@HOME HEALTH AGENCY	3	77	\$	5,658.05	\$ 73.48	.066	\$ 1886.02	\$ 4.86
NURSE ANESTHESIST	1	4	\$	92.79	\$ 23.20	.003	\$ 92.79	\$.08
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	179	1,641	\$	292,263.29	\$ 178.10	1.410	\$ 1632.76	\$ 251.09
HOSP INPATIENT TOTAL	34	213		254,463.67	1194.67	.183	7484.23	218.61
HSC HOSPITALS	6	24		39,240.00	1635.00	.021	6540.00	33.71
NON-HSC HOSPITAL TOTAL	11	189		197,927.22	1047.23	.162	17993.38	170.04
ACCOMMODATIONS	11	189		80,694.21	426.95	.162	7335.84	69.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	189		80,694.21	426.95	.162	7335.84	69.32
ANCILLARIES	11	0		117,233.01	.00	.000	10657.55	100.72
INPATIENT CROSSOVERS	17	0		17,296.45	.00	.000	1017.44	14.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	155	1,428		37,799.62	26.47	1.227	243.87	32.47
MEDICAL	52	197		11,426.84	58.00	.169	219.75	9.82
SURGERY	22	25		1,772.71	70.91	.021	80.58	1.52
PATHOLOGY	76	405		5,207.85	12.86	.348	68.52	4.47

RADIOLOGY	44	72	6,229.80	86.53	.062	141.59	5.35
ROOM USE	65	123	6,205.39	50.45	.106	95.47	5.33
CROSSOVERS/ALL OTH OUTPTNT	88	606	6,957.03	11.48	.521	79.06	5.98
@COUNTY HOSPITAL TOTAL	2	10	\$ 144.65	\$ 14.47	.009	\$ 72.33	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	144.65	14.47	.009	72.33	.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	108.15	12.02	.008	108.15	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.50	36.50	.001	36.50	.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,879
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					----- MONTHLY AVERAGE -----			
1,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	177	1,631	\$ 292,118.64	\$ 179.10	1.401	\$ 1650.39	\$ 250.96	
COMM HOSP INPATIENT TOTAL	34	213	254,463.67	1194.67	.183	7484.23	218.61	
HSC HOSPITALS	6	24	39,240.00	1635.00	.021	6540.00	33.71	
NON-HSC HOSPITALS TOTAL	11	189	197,927.22	1047.23	.162	17993.38	170.04	
ACCOMMODATIONS	11	189	80,694.21	426.95	.162	7335.84	69.32	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	189	80,694.21	426.95	.162	7335.84	69.32	
ANCILLARIES	11	0	117,233.01	.00	.000	10657.55	100.72	
INPATIENT CROSSOVERS	17	0	17,296.45	.00	.000	1017.44	14.86	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	153	1,418	37,654.97	26.55	1.218	246.11	32.35	
MEDICAL	52	197	11,426.84	58.00	.169	219.75	9.82	
SURGERY	22	25	1,772.71	70.91	.021	80.58	1.52	
PATHOLOGY	75	396	5,099.70	12.88	.340	68.00	4.38	
RADIOLOGY	44	72	6,229.80	86.53	.062	141.59	5.35	
ROOM USE	64	122	6,168.89	50.56	.105	96.39	5.30	
CROSSOVERS/ALL OTH OUTPTNT	88	606	6,957.03	11.48	.521	79.06	5.98	
@STATE HOSPITAL	9	247	\$ 110,609.83	\$ 447.81	.212	\$ 12289.98	\$ 95.03	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	9	247	110,609.83	447.81	.212	12289.98	95.03	
@NURSING FACILITY	13	130	\$ 62,548.26	\$ 481.14	.112	\$ 4811.40	\$ 53.74	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	3	77	44,665.39	580.07	.066	14888.46	38.37	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	10	53	17,882.87	337.41	.046	1788.29	15.36	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	77	1,401	\$ 78,066.31	\$ 55.72	1.204	\$ 1013.85	\$ 67.07
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	77	1,401	78,066.31	55.72	1.204	1013.85	67.07
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	44	155	\$ 1,747.75	\$ 11.28	.133	\$ 39.72	\$ 1.50
PATHOLOGY	39	138	1,688.16	12.23	.119	43.29	1.45
XO AND OTHERS	5	17	59.59	3.51	.015	11.92	.05
@ORGANIZED OUTPATIENT CLINIC	321	596	\$ 74,841.75	\$ 125.57	.512	\$ 233.15	\$ 64.30
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	4	16	1,305.97	81.62	.014	326.49	1.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	319	580	73,535.78	126.79	.498	230.52	63.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,880
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	207	4,549	\$ 41,397.93	\$ 9.10	3.908	\$ 199.99	\$ 35.57
DURABLE MED. EQUIP.	18	57	2,997.02	52.58	.049	166.50	2.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	15	1,167.96	77.86	.013	116.80	1.00
MEDICAL TRANSPORTATION	59	3,797	15,595.40	4.11	3.262	264.33	13.40
AMBULANCES/AIR TRANS	31	660	6,355.29	9.63	.567	205.01	5.46
OTHER TRANS	28	3,080	8,953.31	2.91	2.646	319.76	7.69
OTHER SERVICES	9	57	286.80	5.03	.049	31.87	.25
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	28	226	10,398.24	46.01	.194	371.37	8.93
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	44	4,054.16	92.14	.038	225.23	3.48
PHYSICAL THERAPIST	1	22	307.87	13.99	.019	307.87	.26
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.003	265.92	.23
SPEECH AND AUDIOLOGY	4	8	3,314.78	414.35	.007	828.70	2.85
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	95	1,305.14	13.74	.082	59.32	1.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	282	1,991.44	7.06	.242	24.59	1.71
@CALIF. CHILDREN SERVICES*	29	639	\$ 56,240.21	\$ 88.01	.549	\$ 1939.32	\$ 48.32
@XOVER EXCLUDING STATE HOSP**	270	2,210	\$ 89,613.96	\$ 40.55	1.899	\$ 331.90	\$ 76.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,881
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

42,679 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35,924	1,403,322	\$ 26,896,362.08	\$ 19.17	32.881	\$ 748.70	\$ 630.20
@PHYSICIANS SERVICES	9,545	44,123	\$ 1,414,511.24	\$ 32.06	1.034	\$ 148.19	\$ 33.14
OUTPATIENT VISITS	4,322	6,676	340,326.91	50.98	.156	78.74	7.97
OFFICE VISITS	1,622	2,283	65,986.73	28.90	.053	40.68	1.55
HOME VISITS	6	7	247.00	35.29	.000	41.17	.01
EMERGENCY ROOM	2,410	3,582	243,317.81	67.93	.084	100.96	5.70
PREVENTIVE CARE	3	3	92.22	30.74	.000	30.74	.00
OB VISITS/COMPRE PERI	47	164	6,210.61	37.87	.004	132.14	.15
OTHER OUTPATIENT	489	637	24,472.54	38.42	.015	50.05	.57
INPATIENT VISITS	768	3,718	187,097.62	50.32	.087	243.62	4.38
HOSPITAL VISITS	665	3,370	149,360.66	44.32	.079	224.60	3.50
CRITICAL CARE	37	205	32,475.48	158.42	.005	877.72	.76
SNF/ICF/TRANS IP CARE	115	143	5,261.48	36.79	.003	45.75	.12
OPHTHALMOLOGICAL SERVICES	136	169	6,696.76	39.63	.004	49.24	.16
EXAMINATIONS	136	169	6,696.76	39.63	.004	49.24	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	267	1,300	129,045.93	99.27	.030	483.32	3.02
PRINCIPAL SURGEON	218	319	103,926.31	325.79	.007	476.73	2.44
ASSISTANT SURGEON	26	26	5,827.25	224.13	.001	224.13	.14
ANESTHESIOLOGIST	78	955	19,292.37	20.20	.022	247.34	.45
OUTPATIENT SURGERY	544	1,595	108,526.78	68.04	.037	199.50	2.54
PRINCIPAL SURGEON	453	552	91,780.78	166.27	.013	202.61	2.15
ASSISTANT SURGEON	4	4	726.74	181.69	.000	181.69	.02
ANESTHESIOLOGIST	116	1,039	16,019.26	15.42	.024	138.10	.38
DIALYSIS	52	261	20,245.73	77.57	.006	389.34	.47
PATHOLOGY	602	2,850	26,117.69	9.16	.067	43.38	.61

RADIOLOGY	2,441	4,668		129,519.52		27.75	.109	53.06	3.03
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	272	7,302		222,248.83		30.44	.171	817.09	5.21
OTHER SERVICES/ALL X-OVERS	4,756	15,584		244,685.47		15.70	.365	51.45	5.73
@PHARMACY	28,481	853,646	\$	11,962,775.83	\$	14.01	20.002	\$ 420.03	\$ 280.30
PRESCRIPTION DRUGS	27,835	132,028		11,318,158.21		85.73	3.094	406.62	265.19
SNF/ICF	476	4,323		358,789.13		83.00	.101	753.76	8.41
OUTPATIENTS	27,440	127,705		10,959,369.08		85.82	2.992	399.39	256.79
MEDICAL SUPPLIES	4,221	721,618		644,617.62		.89	16.908	152.72	15.10
@DENTIST	1,870	10,262	\$	339,785.19	\$	33.11	.240	\$ 181.70	\$ 7.96
VISITS - DIAGNOSTIC	1,348	6,958		73,167.30		10.52	.163	54.28	1.71
ORAL SURGERY	310	824		46,776.00		56.77	.019	150.89	1.10
DRUGS	5	11		175.00		15.91	.000	35.00	.00
ANESTHESIA	46	50		4,400.00		88.00	.001	95.65	.10
PERIODONTICS	206	250		23,759.00		95.04	.006	115.33	.56
ENDODONTICS	133	213		44,126.00		207.16	.005	331.77	1.03
RESTORATIVE DENTISTRY	448	1,174		78,091.50		66.52	.028	174.31	1.83
PROSTHETICS	21	21		625.00		29.76	.000	29.76	.01
DENTURES, STAYPLATES	173	602		56,588.50		94.00	.014	327.10	1.33
SPACE MAINTAINERS	8	11		915.00		83.18	.000	114.38	.02
MAXILLOFACIAL SERVICES	54	59		5,541.89		93.93	.001	102.63	.13
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00	.02
ORTHODONTIC SERVICES	47	55		4,745.00		86.27	.001	100.96	.11
ALL OTHER SERVICES	37	33		75.00		2.27	.001	2.03	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,882
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

42,679 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,315	3,978	\$ 85,484.38	\$ 21.49	.093	\$ 65.01	\$ 2.00
DIAGNOSTIC AND ANC. PROCED	734	810	32,086.95	39.61	.019	43.72	.75
EYE APPLIANCES	1,084	3,091	50,856.81	16.45	.072	46.92	1.19
OTHER OPTOMETRIC SERVICES	70	77	2,540.62	33.00	.002	36.29	.06
@CHIROPRACTOR	41	89	\$ 1,463.00	\$ 16.44	.002	\$ 35.68	\$.03
VISITS	38	85	1,412.84	16.62	.002	37.18	.03
OTHER SERVICES	3	4	50.16	12.54	.000	16.72	.00
@PODIATRIST	78	173	\$ 2,238.55	\$ 12.94	.004	\$ 28.70	\$.05
MEDICINE/INJECTIONS	21	31	777.20	25.07	.001	37.01	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	58	140	1,426.75	10.19	.003	24.60	.03
@HOME HEALTH AGENCY	159	1,081	\$ 75,823.93	\$ 70.14	.025	\$ 476.88	\$ 1.78
NURSE ANESTHESIST	19	182	\$ 2,708.28	\$ 14.88	.004	\$ 142.54	\$.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8	10	\$ 203.08	\$ 20.31	.000	\$ 25.39	\$.00
@TOTAL HOSPITAL	6,524	41,544	\$ 5,830,802.81	\$ 140.35	.973	\$ 893.75	\$ 136.62
HOSP INPATIENT TOTAL	778	3,200	4,913,752.57	1535.55	.075	6315.88	115.13
HSC HOSPITALS	167	1,424	2,224,975.59	1562.48	.033	13323.21	52.13
NON-HSC HOSPITAL TOTAL	394	1,776	2,473,530.76	1392.75	.042	6278.00	57.96
ACCOMMODATIONS	392	1,776	760,018.56	427.94	.042	1938.82	17.81
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	391	1,775	759,787.26	428.05	.042	1943.19	17.80
ANCILLARIES	393	0	1,713,512.20	.00	.000	4360.08	40.15

INPATIENT CROSSOVERS	222	0	215,246.22	.00	.000	969.58	5.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,080	38,344	917,050.24	23.92	.898	150.83	21.49
MEDICAL	1,871	3,721	139,292.09	37.43	.087	74.45	3.26
SURGERY	360	418	19,464.99	46.57	.010	54.07	.46
PATHOLOGY	3,124	16,802	210,807.64	12.55	.394	67.48	4.94
RADIOLOGY	1,680	2,504	202,155.05	80.73	.059	120.33	4.74
ROOM USE	2,820	4,440	179,275.20	40.38	.104	63.57	4.20
CROSSOVERS/ALL OTH OUTPTNT	2,541	10,459	166,055.27	15.88	.245	65.35	3.89
@COUNTY HOSPITAL TOTAL	39	167	\$ 19,877.24	\$ 119.03	.004	\$ 509.67	\$.47
CO HOSPITAL INPATIENT TOTAL	4	13	16,219.68	1247.67	.000	4054.92	.38
HSC HOSPITALS	3	13	15,535.00	1195.00	.000	5178.33	.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	684.68	.00	.000	684.68	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	154	3,657.56	23.75	.004	104.50	.09
MEDICAL	8	13	437.17	33.63	.000	54.65	.01
SURGERY	1	1	76.46	76.46	.000	76.46	.00
PATHOLOGY	20	59	616.71	10.45	.001	30.84	.01
RADIOLOGY	5	7	816.96	116.71	.000	163.39	.02
ROOM USE	16	18	810.56	45.03	.000	50.66	.02
CROSSOVERS/ALL OTH OUTPTNT	15	56	899.70	16.07	.001	59.98	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,883
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED 03/14/05

					----- MONTHLY AVERAGE -----			
42,679 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,492	41,377	\$ 5,810,925.57	\$ 140.44	.969	\$ 895.09	\$ 136.15	
COMM HOSP INPATIENT TOTAL	774	3,187	4,897,532.89	1536.72	.075	6327.56	114.75	
HSC HOSPITALS	164	1,411	2,209,440.59	1565.87	.033	13472.20	51.77	
NON-HSC HOSPITALS TOTAL	394	1,776	2,473,530.76	1392.75	.042	6278.00	57.96	
ACCOMMODATIONS	392	1,776	760,018.56	427.94	.042	1938.82	17.81	
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	391	1,775	759,787.26	428.05	.042	1943.19	17.80	
ANCILLARIES	393	0	1,713,512.20	.00	.000	4360.08	40.15	
INPATIENT CROSSOVERS	221	0	214,561.54	.00	.000	970.87	5.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6,051	38,190	913,392.68	23.92	.895	150.95	21.40	
MEDICAL	1,865	3,708	138,854.92	37.45	.087	74.45	3.25	
SURGERY	360	417	19,388.53	46.50	.010	53.86	.45	
PATHOLOGY	3,106	16,743	210,190.93	12.55	.392	67.67	4.92	
RADIOLOGY	1,675	2,497	201,338.09	80.63	.059	120.20	4.72	
ROOM USE	2,807	4,422	178,464.64	40.36	.104	63.58	4.18	
CROSSOVERS/ALL OTH OUTPTNT	2,529	10,403	165,155.57	15.88	.244	65.30	3.87	
@STATE HOSPITAL	1	27	\$ 12,636.27	\$ 468.01	.001	\$ 12636.27	\$.30	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	1	27	12,636.27	468.01	.001	12636.27	.30	
@NURSING FACILITY	330	8,486	\$ 1,248,822.23	\$ 147.16	.199	\$ 3784.31	\$ 29.26	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	31	1,081		134,814.47	124.71	.025	4348.85	3.16
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	15	365		194,039.00	531.61	.009	12935.93	4.55
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	292	7,040		919,968.76	130.68	.165	3150.58	21.56
@INTERMEDIATE CARE FACIL.-DD	54	1,607	\$	285,124.22	\$ 177.43	.038	\$ 5280.08	\$ 6.68
ICF DDH	40	1,153		198,111.13	171.82	.027	4952.78	4.64
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	14	454		87,013.09	191.66	.011	6215.22	2.04
@HEMODIALYSIS TOTAL	327	4,102	\$	390,984.94	\$ 95.32	.096	\$ 1195.67	\$ 9.16
HOSPITAL BASED	3	5		13,070.10	2614.02	.000	4356.70	.31
HEMODIALYSIS CENTER	324	4,097		377,914.84	92.24	.096	1166.40	8.85
@REHABILITATION FACILITY	63	202	\$	8,121.55	\$ 40.21	.005	\$ 128.91	\$.19
HOSPITAL BASED	63	194		7,949.63	40.98	.005	126.18	.19
INDEPENDENT FACILITY	1	8		171.92	21.49	.000	171.92	.00
@LABORATORY FACILITY	1,441	4,992	\$	70,902.62	\$ 14.20	.117	\$ 49.20	\$ 1.66
PATHOLOGY	1,417	4,922		70,519.26	14.33	.115	49.77	1.65
XO AND OTHERS	24	70		383.36	5.48	.002	15.97	.01
@ORGANIZED OUTPATIENT CLINIC	14,417	29,223	\$	4,058,051.90	\$ 138.87	.685	\$ 281.48	\$ 95.08
CLINIC	129	404		8,427.08	20.86	.009	65.33	.20
SURGICENTER	138	499		26,384.97	52.88	.012	191.20	.62
HEROIN DETOX CLINIC	5	85		824.29	9.70	.002	164.86	.02
RURAL HEALTH CLINIC	14,248	28,235		4,022,415.56	142.46	.662	282.31	94.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 4,884
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

42,679 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,319	399,595	\$	1,105,922.06	\$ 2.77	9.363	\$ 175.02	\$ 25.91							
DURABLE MED. EQUIP.	592	1,455		328,439.20	225.73	.034	554.80	7.70							
BLOOD BANK	0	0		.00	.00	.000	.00	.00							
HEARING AID DISPENSERS	191	304		26,002.96	85.54	.007	136.14	.61							
MEDICAL TRANSPORTATION	1,383	79,037		363,291.41	4.60	1.852	262.68	8.51							
AMBULANCES/AIR TRANS	948	18,955		197,135.43	10.40	.444	207.95	4.62							
OTHER TRANS	262	58,694		140,587.98	2.40	1.375	536.60	3.29							
OTHER SERVICES	272	1,388		25,568.00	18.42	.033	94.00	.60							
ACUPUNCTURE	3	6		118.94	19.82	.000	39.65	.00							
ADULT DAY HEALTH CARE CTR	29	329		22,912.70	69.64	.008	790.09	.54							
GENETIC DISEASE TESTING	11	11		1,107.00	100.64	.000	100.64	.03							
IHMC,MODEL-NF,NF,AIDS,MSSP	64	187		17,573.14	93.97	.004	274.58	.41							
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00							
OPTICIAN	994	2,135		24,306.86	11.38	.050	24.45	.57							
PHYSICAL THERAPIST	8	99		1,228.15	12.41	.002	153.52	.03							
PORTABLE X-RAY	16	38		713.56	18.78	.001	44.60	.02							
PROSTHETIST/ORTHOTISTS	73	209		34,536.93	165.25	.005	473.11	.81							
PROSTHETICS	72	208		34,417.85	165.47	.005	478.03	.81							
ORTHOTICS	1	1		119.08	119.08	.000	119.08	.00							
PSYCHOLOGIST	9	32		2,440.73	76.27	.001	271.19	.06							
SPEECH AND AUDIOLOGY	129	375		18,520.32	49.39	.009	143.57	.43							
HOSPICE SERVICES	19	376		47,463.44	126.23	.009	2498.08	1.11							
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00							
LOCAL EDUCATION AGENCIES	1,322	11,861		100,047.97	8.44	.278	75.68	2.34							
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00							
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00							
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00							

ALL OTHER PROVIDERS	2,005	303,141		117,218.75		.39	7.103	58.46	2.75
@CALIF. CHILDREN SERVICES*	835	25,883	\$	1,998,023.11	\$	77.19	.606	\$ 2392.84	\$ 46.82
@XOVER EXCLUDING STATE HOSP**	4,764	41,755	\$	749,648.10	\$	17.95	.978	\$ 157.36	\$ 17.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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03/14/05

						----- MONTHLY AVERAGE -----		
85,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	47,204	220,240	\$ 12,694,744.15	\$ 57.64	2.586	\$ 268.93	\$ 149.09	
@PHYSICIANS SERVICES	10,967	27,189	\$ 1,082,887.95	\$ 39.83	.319	\$ 98.74	\$ 12.72	
OUTPATIENT VISITS	7,642	10,774	456,058.39	42.33	.127	59.68	5.36	
OFFICE VISITS	2,982	3,780	114,040.28	30.17	.044	38.24	1.34	
HOME VISITS	8	9	514.73	57.19	.000	64.34	.01	
EMERGENCY ROOM	4,264	4,820	263,881.91	54.75	.057	61.89	3.10	
PREVENTIVE CARE	6	7	308.66	44.09	.000	51.44	.00	
OB VISITS/COMPRE PERI	499	1,903	69,407.81	36.47	.022	139.09	.82	
OTHER OUTPATIENT	234	255	7,905.00	31.00	.003	33.78	.09	
INPATIENT VISITS	431	1,225	81,863.13	66.83	.014	189.94	.96	
HOSPITAL VISITS	403	923	46,701.34	50.60	.011	115.88	.55	
CRITICAL CARE	30	231	31,866.94	137.95	.003	1062.23	.37	
SNF/ICF/TRANS IP CARE	10	71	3,294.85	46.41	.001	329.49	.04	
OPHTHALMOLOGICAL SERVICES	49	70	2,626.97	37.53	.001	53.61	.03	
EXAMINATIONS	49	70	2,626.97	37.53	.001	53.61	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	471	2,046	201,763.74	98.61	.024	428.37	2.37	
PRINCIPAL SURGEON	321	353	164,314.86	465.48	.004	511.88	1.93	
ASSISTANT SURGEON	67	67	11,764.32	175.59	.001	175.59	.14	
ANESTHESIOLOGIST	146	1,626	25,684.56	15.80	.019	175.92	.30	

OUTPATIENT SURGERY	800	1,997		127,045.84	63.62	.023	158.81	1.49
PRINCIPAL SURGEON	686	804		105,662.25	131.42	.009	154.03	1.24
ASSISTANT SURGEON	8	8		1,041.95	130.24	.000	130.24	.01
ANESTHESIOLOGIST	201	1,185		20,341.64	17.17	.014	101.20	.24
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	920	1,409		23,602.74	16.75	.017	25.66	.28
RADIOLOGY	2,557	3,565		94,581.66	26.53	.042	36.99	1.11
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	196	263		7,436.89	28.28	.003	37.94	.09
OTHER SERVICES/ALL X-OVERS	2,152	5,840		87,908.59	15.05	.069	40.85	1.03
@PHARMACY	21,125	67,543	\$	2,170,750.31	32.14	.793	102.76	25.49
PRESCRIPTION DRUGS	20,897	52,289		2,110,176.09	40.36	.614	100.98	24.78
SNF/ICF	38	293		39,878.22	136.10	.003	1049.43	.47
OUTPATIENTS	20,862	51,996		2,070,297.87	39.82	.611	99.24	24.31
MEDICAL SUPPLIES	888	15,254		60,574.22	3.97	.179	68.21	.71
@DENTIST	3,743	22,622	\$	611,203.35	27.02	.266	163.29	7.18
VISITS - DIAGNOSTIC	3,008	16,611		216,009.25	13.00	.195	71.81	2.54
ORAL SURGERY	502	1,079		69,621.13	64.52	.013	138.69	.82
DRUGS	15	19		310.00	16.32	.000	20.67	.00
ANESTHESIA	61	64		6,500.00	101.56	.001	106.56	.08
PERIODONTICS	89	90		9,561.00	106.23	.001	107.43	.11
ENDODONTICS	296	547		68,084.00	124.47	.006	230.01	.80
RESTORATIVE DENTISTRY	1,117	3,519		188,698.24	53.62	.041	168.93	2.22
PROSTHETICS	15	18		330.00	18.33	.000	22.00	.00
DENTURES, STAYPLATES	22	98		11,132.00	113.59	.001	506.00	.13
SPACE MAINTAINERS	52	62		7,828.00	126.26	.001	150.54	.09
MAXILLOFACIAL SERVICES	134	137		14,279.73	104.23	.002	106.57	.17
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	198	278		17,650.00	63.49	.003	89.14	.21
ALL OTHER SERVICES	97	100		1,200.00	12.00	.001	12.37	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
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KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								03/14/05

----- MONTHLY AVERAGE -----								
85,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,449	4,533	\$ 102,460.79	\$ 22.60	.053	\$ 70.71	\$ 1.20	
DIAGNOSTIC AND ANC. PROCED	1,232	1,326	55,078.97	41.54	.016	44.71	.65	
EYE APPLIANCES	1,121	3,196	47,104.86	14.74	.038	42.02	.55	
OTHER OPTOMETRIC SERVICES	10	11	276.96	25.18	.000	27.70	.00	
@CHIROPRACTOR	18	28	455.62	16.27	.000	25.31	.01	
VISITS	18	28	455.62	16.27	.000	25.31	.01	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	8	16	471.51	29.47	.000	58.94	.01	
MEDICINE/INJECTIONS	8	8	186.32	23.29	.000	23.29	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	2	4	72.64	18.16	.000	36.32	.00	
OTHER	3	4	212.55	53.14	.000	70.85	.00	
@HOME HEALTH AGENCY	86	207	12,515.54	60.46	.002	145.53	.15	
NURSE ANESTHESIST	51	282	6,146.93	21.80	.003	120.53	.07	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3	7	191.30	27.33	.000	63.77	.00	
@TOTAL HOSPITAL	7,632	29,078	\$ 3,241,902.83	\$ 111.49	.341	\$ 424.78	\$ 38.07	
HOSP INPATIENT TOTAL	522	1,877	2,514,362.33	1339.56	.022	4816.79	29.53	
HSC HOSPITALS	108	554	937,765.15	1692.72	.007	8683.01	11.01	

NON-HSC HOSPITAL TOTAL	420	1,323	1,576,597.18	1191.68	.016	3753.80	18.52
ACCOMMODATIONS	418	1,323	586,336.60	443.19	.016	1402.72	6.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	418	1,323	586,336.60	443.19	.016	1402.72	6.89
ANCILLARIES	420	0	990,260.58	.00	.000	2357.76	11.63
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,318	27,201	727,540.50	26.75	.319	99.42	8.54
MEDICAL	2,010	3,290	112,229.32	34.11	.039	55.84	1.32
SURGERY	679	754	31,098.34	41.24	.009	45.80	.37
PATHOLOGY	2,621	9,674	117,604.85	12.16	.114	44.87	1.38
RADIOLOGY	1,866	2,427	146,804.68	60.49	.029	78.67	1.72
ROOM USE	4,819	6,032	240,719.11	39.91	.071	49.95	2.83
CROSSOVERS/ALL OTH OUTPTNT	2,720	5,024	79,084.20	15.74	.059	29.08	.93
@COUNTY HOSPITAL TOTAL	52	155	\$ 15,104.73	\$ 97.45	.002	\$ 290.48	\$.18
CO HOSPITAL INPATIENT TOTAL	3	7	9,452.00	1350.29	.000	3150.67	.11
HSC HOSPITALS	3	7	9,452.00	1350.29	.000	3150.67	.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	51	148	5,652.73	38.19	.002	110.84	.07
MEDICAL	25	36	1,376.56	38.24	.000	55.06	.02
SURGERY	6	8	669.51	83.69	.000	111.59	.01
PATHOLOGY	8	36	620.71	17.24	.000	77.59	.01
RADIOLOGY	6	9	330.68	36.74	.000	55.11	.00
ROOM USE	31	41	1,850.02	45.12	.000	59.68	.02
CROSSOVERS/ALL OTH OUTPTNT	12	18	805.25	44.74	.000	67.10	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	85,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,591	28,923	\$ 3,226,798.10	\$ 111.57	.340	\$ 425.08 \$ 37.90
COMM HOSP INPATIENT TOTAL	519	1,870	2,504,910.33	1339.52	.022	4826.42 29.42
HSC HOSPITALS	105	547	928,313.15	1697.10	.006	8841.08 10.90
NON-HSC HOSPITALS TOTAL	420	1,323	1,576,597.18	1191.68	.016	3753.80 18.52
ACCOMMODATIONS	418	1,323	586,336.60	443.19	.016	1402.72 6.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	418	1,323	586,336.60	443.19	.016	1402.72 6.89
ANCILLARIES	420	0	990,260.58	.00	.000	2357.76 11.63
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	7,277	27,053	721,887.77	26.68	.318	99.20 8.48
MEDICAL	1,987	3,254	110,852.76	34.07	.038	55.79 1.30
SURGERY	673	746	30,428.83	40.79	.009	45.21 .36
PATHOLOGY	2,614	9,638	116,984.14	12.14	.113	44.75 1.37
RADIOLOGY	1,860	2,418	146,474.00	60.58	.028	78.75 1.72
ROOM USE	4,792	5,991	238,869.09	39.87	.070	49.85 2.81

CROSSOVERS/ALL OTH OUTPTNT	2,710	5,006		78,278.95	15.64	.059	28.89	.92
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	119	\$	77,395.16	\$ 650.38	.001	\$ 15479.03	\$.91
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	103		73,715.80	715.69	.001	18428.95	.87
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	16		3,679.36	229.96	.000	3679.36	.04
@INTERMEDIATE CARE FACIL.-DD	8	364	\$	73,351.38	\$ 201.51	.004	\$ 9168.92	\$.86
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	8	364		73,351.38	201.51	.004	9168.92	.86
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	42	111	\$	5,039.26	\$ 45.40	.001	\$ 119.98	\$.06
HOSPITAL BASED	42	111		5,039.26	45.40	.001	119.98	.06
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,302	6,516	\$	112,816.70	\$ 17.31	.077	\$ 49.01	\$ 1.32
PATHOLOGY	2,300	6,514		112,697.70	17.30	.077	49.00	1.32
XO AND OTHERS	2	2		119.00	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	20,686	33,512	\$	4,918,798.40	\$ 146.78	.394	\$ 237.78	\$ 57.77
CLINIC	346	1,190		23,560.37	19.80	.014	68.09	.28
SURGICENTER	165	930		32,835.82	35.31	.011	199.00	.39
HEROIN DETOX CLINIC	1	21		232.26	11.06	.000	232.26	.00
RURAL HEALTH CLINIC	20,284	31,371		4,862,169.95	154.99	.368	239.70	57.10

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	85,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,169	28,113	\$	278,357.12	\$ 9.90	.330	\$ 45.12	\$ 3.27
DURABLE MED. EQUIP.	117	158		14,672.59	92.86	.002	125.41	.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	22		658.85	29.95	.000	73.21	.01
MEDICAL TRANSPORTATION	524	9,567		89,537.11	9.36	.112	170.87	1.05
AMBULANCES/AIR TRANS	523	9,465		82,024.19	8.67	.111	156.83	.96
OTHER TRANS	1	84		174.60	2.08	.001	174.60	.00
OTHER SERVICES	17	18		7,338.32	407.68	.000	431.67	.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	99	99		10,395.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	969	2,094		17,673.10	8.44	.025	18.24	.21
PHYSICAL THERAPIST	16	166		2,418.26	14.57	.002	151.14	.03
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	30	45		3,101.91	68.93	.001	103.40	.04
PROSTHETICS	30	45		3,101.91	68.93	.001	103.40	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	10	48		3,086.48	64.30	.001	308.65	.04
SPEECH AND AUDIOLOGY	30	47		2,615.29	55.64	.001	87.18	.03

HOSPICE SERVICES	0	0	80.10	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,369	11,970	131,367.86	10.97	.141	30.07	1.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	97	3,897	2,750.57	.71	.046	28.36	.03
@CALIF. CHILDREN SERVICES*	287	6,070	\$ 697,302.26	\$ 114.88	.071	\$ 2429.62	\$ 8.19
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 84.09	\$ 8.41	.000	\$ 16.82	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 4,889

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

143,298 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	96,125	2,109,044	\$ 46,744,466.65	\$ 22.16	14.718	\$ 486.29	\$ 326.20
@PHYSICIANS SERVICES	23,085	84,768	\$ 2,691,054.52	\$ 31.75	.592	\$ 116.57	\$ 18.78
OUTPATIENT VISITS	12,093	17,661	806,673.22	45.68	.123	66.71	5.63
OFFICE VISITS	4,675	6,165	183,155.25	29.71	.043	39.18	1.28
HOME VISITS	14	16	761.73	47.61	.000	54.41	.01
EMERGENCY ROOM	6,728	8,481	513,224.09	60.51	.059	76.28	3.58
PREVENTIVE CARE	9	10	400.88	40.09	.000	44.54	.00
OB VISITS/COMPRE PERI	546	2,067	75,618.42	36.58	.014	138.50	.53
OTHER OUTPATIENT	741	922	33,512.85	36.35	.006	45.23	.23
INPATIENT VISITS	1,228	5,068	275,105.07	54.28	.035	224.03	1.92
HOSPITAL VISITS	1,096	4,373	200,301.98	45.80	.031	182.76	1.40
CRITICAL CARE	68	449	65,923.22	146.82	.003	969.46	.46
SNF/ICF/TRANS IP CARE	127	246	8,879.87	36.10	.002	69.92	.06
OPHTHALMOLOGICAL SERVICES	203	263	10,350.62	39.36	.002	50.99	.07
EXAMINATIONS	203	263	10,350.62	39.36	.002	50.99	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	750	3,416	335,044.40	98.08	.024	446.73	2.34
PRINCIPAL SURGEON	545	684	271,354.05	396.72	.005	497.90	1.89
ASSISTANT SURGEON	93	93	17,591.57	189.16	.001	189.16	.12
ANESTHESIOLOGIST	231	2,639	46,098.78	17.47	.018	199.56	.32
OUTPATIENT SURGERY	1,378	3,699	249,050.50	67.33	.026	180.73	1.74
PRINCIPAL SURGEON	1,166	1,391	209,357.08	150.51	.010	179.55	1.46
ASSISTANT SURGEON	12	12	1,768.69	147.39	.000	147.39	.01
ANESTHESIOLOGIST	328	2,296	37,924.73	16.52	.016	115.62	.26
DIALYSIS	68	381	27,175.27	71.33	.003	399.64	.19
PATHOLOGY	1,546	4,307	50,503.28	11.73	.030	32.67	.35
RADIOLOGY	5,086	8,386	228,933.31	27.30	.059	45.01	1.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	479	7,619	230,560.18	30.26	.053	481.34	1.61
OTHER SERVICES/ALL X-OVERS	9,315	33,968	477,658.67	14.06	.237	51.28	3.33
@PHARMACY	60,671	1,282,743	\$ 17,910,978.72	\$ 13.96	8.952	\$ 295.21	\$ 124.99
PRESCRIPTION DRUGS	59,510	231,876	17,028,138.82	73.44	1.618	286.14	118.83
SNF/ICF	763	6,567	526,425.33	80.16	.046	689.94	3.67
OUTPATIENTS	58,854	225,309	16,501,713.49	73.24	1.572	280.38	115.16
MEDICAL SUPPLIES	7,201	1,050,867	882,839.90	.84	7.333	122.60	6.16
@DENTIST	6,082	35,327	\$ 1,048,546.94	\$ 29.68	.247	\$ 172.40	\$ 7.32
VISITS - DIAGNOSTIC	4,662	25,084	303,327.65	12.09	.175	65.06	2.12
ORAL SURGERY	900	2,165	129,844.88	59.97	.015	144.27	.91

DRUGS	21	31	500.00	16.13	.000	23.81	.00
ANESTHESIA	111	118	11,300.00	95.76	.001	101.80	.08
PERIODONTICS	335	381	37,418.00	98.21	.003	111.70	.26
ENDODONTICS	451	792	118,620.00	149.77	.006	263.02	.83
RESTORATIVE DENTISTRY	1,652	4,902	282,548.14	57.64	.034	171.03	1.97
PROSTHETICS	42	46	1,135.00	24.67	.000	27.02	.01
DENTURES, STAYPLATES	310	1,067	110,788.25	103.83	.007	357.38	.77
SPACE MAINTAINERS	60	73	8,743.00	119.77	.001	145.72	.06
MAXILLOFACIAL SERVICES	189	197	19,852.02	100.77	.001	105.04	.14
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	245	333	22,395.00	67.25	.002	91.41	.16
ALL OTHER SERVICES	142	137	1,275.00	9.31	.001	8.98	.01

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,890
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

143,298 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,138	9,537	\$ 208,566.30	\$ 21.87	.067	\$ 66.46	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	2,020	2,196	89,512.31	40.76	.015	44.31	.62
EYE APPLIANCES	2,526	7,169	114,161.47	15.92	.050	45.19	.80
OTHER OPTOMETRIC SERVICES	136	172	4,892.52	28.44	.001	35.97	.03
@CHIROPRACTOR	60	119	\$ 1,952.06	\$ 16.40	.001	\$ 32.53	\$.01
VISITS	56	113	1,868.46	16.54	.001	33.37	.01
OTHER SERVICES	4	6	83.60	13.93	.000	20.90	.00
@PODIATRIST	150	320	\$ 3,757.52	\$ 11.74	.002	\$ 25.05	\$.03
MEDICINE/INJECTIONS	29	39	963.52	24.71	.000	33.22	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	6	107.24	17.87	.000	35.75	.00
OTHER	125	275	2,686.76	9.77	.002	21.49	.02
@HOME HEALTH AGENCY	249	1,377	\$ 94,872.47	\$ 68.90	.010	\$ 381.01	\$.66
NURSE ANESTHESIST	74	473	\$ 9,064.72	\$ 19.16	.003	\$ 122.50	\$.06

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	11	17	\$	394.38	\$	23.20	.000	\$	35.85	\$	.00
@TOTAL HOSPITAL	14,996	74,618	\$	9,931,499.50	\$	133.10	.521	\$	662.28	\$	69.31
HOSP INPATIENT TOTAL	1,542	5,532		8,220,446.23		1485.98	.039		5331.03		57.37
HSC HOSPITALS	285	2,011		3,211,294.82		1596.86	.014		11267.70		22.41
NON-HSC HOSPITAL TOTAL	864	3,521		4,618,101.62		1311.59	.025		5345.03		32.23
ACCOMMODATIONS	860	3,521		1,530,324.02		434.63	.025		1779.45		10.68
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	859	3,520		1,530,092.72		434.69	.025		1781.25		10.68
ANCILLARIES	863	0		3,087,777.60		.00	.000		3577.96		21.55
INPATIENT CROSSOVERS	404	0		391,049.79		.00	.000		967.95		2.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14,028	69,086		1,711,053.27		24.77	.482		121.97		11.94
MEDICAL	3,940	7,221		263,424.03		36.48	.050		66.86		1.84
SURGERY	1,063	1,199		52,437.27		43.73	.008		49.33		.37
PATHOLOGY	5,856	27,022		335,409.65		12.41	.189		57.28		2.34
RADIOLOGY	3,602	5,016		355,996.09		70.97	.035		98.83		2.48
ROOM USE	7,710	10,605		426,726.95		40.24	.074		55.35		2.98
CROSSOVERS/ALL OTH OUTPTNT	5,788	18,023		277,059.28		15.37	.126		47.87		1.93
@COUNTY HOSPITAL TOTAL	95	334	\$	35,133.99	\$	105.19	.002	\$	369.83	\$	.25
CO HOSPITAL INPATIENT TOTAL	7	20		25,671.68		1283.58	.000		3667.38		.18
HSC HOSPITALS	6	20		24,987.00		1249.35	.000		4164.50		.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		684.68		.00	.000		684.68		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	90	314		9,462.31		30.13	.002		105.14		.07
MEDICAL	33	49		1,813.73		37.01	.000		54.96		.01
SURGERY	7	9		745.97		82.89	.000		106.57		.01
PATHOLOGY	29	104		1,345.57		12.94	.001		46.40		.01
RADIOLOGY	11	16		1,147.64		71.73	.000		104.33		.01
ROOM USE	48	60		2,697.08		44.95	.000		56.19		.02
CROSSOVERS/ALL OTH OUTPTNT	29	76		1,712.32		22.53	.001		59.05		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	143,298 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,919	74,284	\$	9,896,365.51	\$ 133.22	.518	\$ 663.34	\$ 69.06
COMM HOSP INPATIENT TOTAL	1,535	5,512		8,194,774.55	1486.72	.038	5338.62	57.19
HSC HOSPITALS	279	1,991		3,186,307.82	1600.36	.014	11420.46	22.24
NON-HSC HOSPITALS TOTAL	864	3,521		4,618,101.62	1311.59	.025	5345.03	32.23
ACCOMMODATIONS	860	3,521		1,530,324.02	434.63	.025	1779.45	10.68
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	859	3,520		1,530,092.72	434.69	.025	1781.25	10.68
ANCILLARIES	863	0		3,087,777.60	.00	.000	3577.96	21.55
INPATIENT CROSSOVERS	403	0		390,365.11	.00	.000	968.65	2.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	13,954	68,772	1,701,590.96	24.74	.480	121.94	11.87
MEDICAL	3,911	7,172	261,610.30	36.48	.050	66.89	1.83
SURGERY	1,057	1,190	51,691.30	43.44	.008	48.90	.36
PATHOLOGY	5,830	26,918	334,064.08	12.41	.188	57.30	2.33
RADIOLOGY	3,591	5,000	354,848.45	70.97	.035	98.82	2.48
ROOM USE	7,669	10,545	424,029.87	40.21	.074	55.29	2.96
CROSSOVERS/ALL OTH OUTPTNT	5,764	17,947	275,346.96	15.34	.125	47.77	1.92
@STATE HOSPITAL	10	274	\$ 123,246.10	\$ 449.80	.002	\$ 12324.61	\$.86
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	10	274	123,246.10	449.80	.002	12324.61	.86
@NURSING FACILITY	650	14,912	\$ 2,495,796.12	\$ 167.37	.104	\$ 3839.69	\$ 17.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	31	1,081	134,814.47	124.71	.008	4348.85	.94
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	33	896	516,024.76	575.92	.006	15637.11	3.60
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	599	12,935	1,844,956.89	142.63	.090	3080.06	12.87
@INTERMEDIATE CARE FACIL.-DD	62	1,971	\$ 358,475.60	\$ 181.87	.014	\$ 5781.86	\$ 2.50
ICF DDH	40	1,153	198,111.13	171.82	.008	4952.78	1.38
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	22	818	160,364.47	196.04	.006	7289.29	1.12
@HEMODIALYSIS TOTAL	535	8,099	\$ 564,692.91	\$ 69.72	.057	\$ 1055.50	\$ 3.94
HOSPITAL BASED	3	5	13,070.10	2614.02	.000	4356.70	.09
HEMODIALYSIS CENTER	532	8,094	551,622.81	68.15	.056	1036.88	3.85
@REHABILITATION FACILITY	105	313	\$ 13,160.81	\$ 42.05	.002	\$ 125.34	\$.09
HOSPITAL BASED	105	305	12,988.89	42.59	.002	123.70	.09
INDEPENDENT FACILITY	1	8	171.92	21.49	.000	171.92	.00
@LABORATORY FACILITY	3,802	11,753	\$ 186,282.09	\$ 15.85	.082	\$ 49.00	\$ 1.30
PATHOLOGY	3,765	11,648	185,625.22	15.94	.081	49.30	1.30
XO AND OTHERS	37	105	656.87	6.26	.001	17.75	.00
@ORGANIZED OUTPATIENT CLINIC	38,858	69,578	\$ 9,366,408.45	\$ 134.62	.486	\$ 241.04	\$ 65.36
CLINIC	484	1,604	32,119.06	20.02	.011	66.36	.22
SURGICENTER	401	1,550	75,756.04	48.87	.011	188.92	.53
HEROIN DETOX CLINIC	6	106	1,056.55	9.97	.001	176.09	.01
RURAL HEALTH CLINIC	38,208	66,318	9,257,476.80	139.59	.463	242.29	64.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,892
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

					----- MONTHLY AVERAGE -----		
143,298 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,065	512,845	\$ 1,735,717.44	\$ 3.38	3.579	\$ 115.22	\$ 12.11
DURABLE MED. EQUIP.	783	1,759	353,423.09	200.92	.012	451.37	2.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	357	575	58,751.82	102.18	.004	164.57	.41
MEDICAL TRANSPORTATION	2,332	125,761	563,911.59	4.48	.878	241.81	3.94
AMBULANCES/AIR TRANS	1,557	29,386	293,038.13	9.97	.205	188.21	2.04
OTHER TRANS	498	94,188	232,500.63	2.47	.657	466.87	1.62
OTHER SERVICES	436	2,187	38,372.83	17.55	.015	88.01	.27
ACUPUNCTURE	5	10	205.44	20.54	.000	41.09	.00
ADULT DAY HEALTH CARE CTR	35	458	31,905.92	69.66	.003	911.60	.22
GENETIC DISEASE TESTING	110	110	11,502.00	104.56	.001	104.56	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	294	1,345	92,071.22	68.45	.009	313.17	.64
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,272	4,885	53,560.35	10.96	.034	23.57	.37
PHYSICAL THERAPIST	25	287	3,954.28	13.78	.002	158.17	.03

PORTABLE X-RAY	27	55	743.59	13.52	.000	27.54	.01
PROSTHETIST/ORTHOTISTS	112	296	38,352.33	129.57	.002	342.43	.27
PROSTHETICS	111	295	38,233.25	129.60	.002	344.44	.27
ORTHOTICS	1	1	119.08	119.08	.000	119.08	.00
PSYCHOLOGIST	21	84	5,831.62	69.42	.001	277.70	.04
SPEECH AND AUDIOLOGY	239	576	43,851.75	76.13	.004	183.48	.31
HOSPICE SERVICES	25	522	65,330.72	125.15	.004	2613.23	.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,713	23,926	232,720.97	9.73	.167	40.74	1.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,656	352,196	179,600.75	.51	2.458	49.12	1.25
@CALIF. CHILDREN SERVICES*	1,151	32,592	\$ 2,751,565.58	\$ 84.42	.227	\$ 2390.59	\$ 19.20
@XOVER EXCLUDING STATE HOSP**	9,209	87,182	\$ 1,503,468.30	\$ 17.25	.608	\$ 163.26	\$ 10.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,893
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

5,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,449	49,537	\$ 2,071,079.36	\$ 41.81	9.728	\$ 465.52	\$ 406.73
@PHYSICIANS SERVICES	879	5,561	\$ 105,358.51	\$ 18.95	1.092	\$ 119.86	\$ 20.69
OUTPATIENT VISITS	123	150	8,699.61	58.00	.029	70.73	1.71
OFFICE VISITS	60	70	2,751.95	39.31	.014	45.87	.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	59	71	5,774.86	81.34	.014	97.88	1.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	172.80	19.20	.002	21.60	.03
INPATIENT VISITS	35	126	5,464.09	43.37	.025	156.12	1.07
HOSPITAL VISITS	33	113	4,026.89	35.64	.022	122.03	.79
CRITICAL CARE	1	11	1,337.60	121.60	.002	1337.60	.26
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.000	49.80	.02
OPHTHALMOLOGICAL SERVICES	12	11	414.20	37.65	.002	34.52	.08
EXAMINATIONS	12	11	414.20	37.65	.002	34.52	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	183	13,523.88	73.90	.036	587.99	2.66
PRINCIPAL SURGEON	15	22	10,684.92	485.68	.004	712.33	2.10
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.07
ANESTHESIOLOGIST	9	160	2,464.43	15.40	.031	273.83	.48
OUTPATIENT SURGERY	32	127	16,883.28	132.94	.025	527.60	3.32
PRINCIPAL SURGEON	24	34	15,146.36	445.48	.007	631.10	2.97
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.04
ANESTHESIOLOGIST	9	92	1,513.54	16.45	.018	168.17	.30
DIALYSIS	13	51	3,937.85	77.21	.010	302.91	.77
PATHOLOGY	20	38	1,648.62	43.38	.007	82.43	.32
RADIOLOGY	143	336	10,527.52	31.33	.066	73.62	2.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	24.57	6.14	.001	12.29	.00
OTHER SERVICES/ALL X-OVERS	661	4,535	44,234.89	9.75	.891	66.92	8.69
@PHARMACY	3,504	33,071	\$ 1,071,824.56	\$ 32.41	6.495	\$ 305.89	\$ 210.49
PRESCRIPTION DRUGS	3,440	14,283	1,042,339.21	72.98	2.805	303.01	204.70

SNF/ICF	70	604	35,599.73	58.94	.119	508.57	6.99
OUTPATIENTS	3,373	13,679	1,006,739.48	73.60	2.686	298.47	197.71
MEDICAL SUPPLIES	377	18,788	29,485.35	1.57	3.690	78.21	5.79
@DENTIST	176	880	\$ 40,137.25	\$ 45.61	.173	\$ 228.05	\$ 7.88
VISITS - DIAGNOSTIC	100	517	4,917.55	9.51	.102	49.18	.97
ORAL SURGERY	47	133	6,690.45	50.30	.026	142.35	1.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	8	9	933.50	103.72	.002	116.69	.18
ENDODONTICS	11	11	2,705.00	245.91	.002	245.91	.53
RESTORATIVE DENTISTRY	34	67	6,582.00	98.24	.013	193.59	1.29
PROSTHETICS	3	3	.00	.00	.001	.00	.00
DENTURES, STAYPLATES	51	138	18,208.75	131.95	.027	357.03	3.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,894
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

5,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	134	386	\$ 8,042.54	\$ 20.84	.076	\$ 60.02	\$ 1.58
DIAGNOSTIC AND ANC. PROCED	44	48	1,991.19	41.48	.009	45.25	.39
EYE APPLIANCES	108	315	5,467.22	17.36	.062	50.62	1.07
OTHER OPTOMETRIC SERVICES	18	23	584.13	25.40	.005	32.45	.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	28	\$ 151.16	\$ 5.40	.005	\$ 8.40	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	28	151.16	5.40	.005	8.40	.03
@HOME HEALTH AGENCY	6	68	\$ 4,596.71	\$ 67.60	.013	\$ 766.12	\$.90
NURSE ANESTHESIST	2	8	185.58	23.20	.002	92.79	.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	459	2,218	\$ 330,970.74	\$ 149.22	.436	\$ 721.07	\$ 65.00
HOSP INPATIENT TOTAL	84	152	282,654.59	1859.57	.030	3364.94	55.51
HSC HOSPITALS	5	23	31,693.48	1377.98	.005	6338.70	6.22
NON-HSC HOSPITAL TOTAL	22	129	206,841.36	1603.42	.025	9401.88	40.62
ACCOMMODATIONS	22	129	53,654.63	415.93	.025	2438.85	10.54
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	129	53,654.63	415.93	.025	2438.85	10.54
ANCILLARIES	22	0	153,186.73	.00	.000	6963.03	30.08
INPATIENT CROSSOVERS	57	0	44,119.75	.00	.000	774.03	8.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	391	2,066	48,316.15	23.39	.406	123.57	9.49
MEDICAL	75	113	5,611.63	49.66	.022	74.82	1.10
SURGERY	15	16	1,200.80	75.05	.003	80.05	.24
PATHOLOGY	159	889	11,119.42	12.51	.175	69.93	2.18

RADIOLOGY	93	135	10,673.75	79.06	.027	114.77	2.10
ROOM USE	75	108	5,166.04	47.83	.021	68.88	1.01
CROSSOVERS/ALL OTH OUTPTNT	219	805	14,544.51	18.07	.158	66.41	2.86
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,895
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,092 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	459	2,218	\$ 330,970.74	\$ 149.22	.436	\$ 721.07	\$ 65.00
COMM HOSP INPATIENT TOTAL	84	152	282,654.59	1859.57	.030	3364.94	55.51
HSC HOSPITALS	5	23	31,693.48	1377.98	.005	6338.70	6.22
NON-HSC HOSPITALS TOTAL	22	129	206,841.36	1603.42	.025	9401.88	40.62
ACCOMMODATIONS	22	129	53,654.63	415.93	.025	2438.85	10.54

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	129	53,654.63	415.93	.025	2438.85	10.54
ANCILLARIES	22	0	153,186.73	.00	.000	6963.03	30.08
INPATIENT CROSSOVERS	57	0	44,119.75	.00	.000	774.03	8.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	391	2,066	48,316.15	23.39	.406	123.57	9.49
MEDICAL	75	113	5,611.63	49.66	.022	74.82	1.10
SURGERY	15	16	1,200.80	75.05	.003	80.05	.24
PATHOLOGY	159	889	11,119.42	12.51	.175	69.93	2.18
RADIOLOGY	93	135	10,673.75	79.06	.027	114.77	2.10
ROOM USE	75	108	5,166.04	47.83	.021	68.88	1.01
CROSSOVERS/ALL OTH OUTPTNT	219	805	14,544.51	18.07	.158	66.41	2.86
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	79	1,599	250,600.07	156.72	.314	3172.15	49.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	79	1,599	250,600.07	156.72	.314	3172.15	49.21
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	593	32,228.95	54.35	.116	1289.16	6.33
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	593	32,228.95	54.35	.116	1289.16	6.33
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	56	162	2,504.03	15.46	.032	44.71	.49
PATHOLOGY	47	149	2,336.13	15.68	.029	49.70	.46
XO AND OTHERS	9	13	167.90	12.92	.003	18.66	.03
@ORGANIZED OUTPATIENT CLINIC	1,192	2,093	176,108.42	84.14	.411	147.74	34.59
CLINIC	4	8	176.33	22.04	.002	44.08	.03
SURGICENTER	38	74	7,649.84	103.38	.015	201.31	1.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,160	2,011	168,282.25	83.68	.395	145.07	33.05

#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

		----- MONTHLY AVERAGE -----					
5,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	548	2,870	\$ 48,370.84	\$ 16.85	.564	\$ 88.27	\$ 9.50
DURABLE MED. EQUIP.	19	37	7,632.05	206.27	.007	401.69	1.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	48	5,657.42	117.86	.009	188.58	1.11
MEDICAL TRANSPORTATION	74	1,513	8,296.30	5.48	.297	112.11	1.63
AMBULANCES/AIR TRANS	30	325	4,130.89	12.71	.064	137.70	.81
OTHER TRANS	30	1,056	3,588.50	3.40	.207	119.62	.70
OTHER SERVICES	20	132	576.91	4.37	.026	28.85	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	23	2,597.06	112.92	.005	324.63	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	110	242	2,956.96	12.22	.048	26.88	.58
PHYSICAL THERAPIST	1	13	174.48	13.42	.003	174.48	.03
PORTABLE X-RAY	1	1	1.79	1.79	.000	1.79	.00
PROSTHETIST/ORTHOTISTS	5	9	212.76	23.64	.002	42.55	.04
PROSTHETICS	5	9	212.76	23.64	.002	42.55	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	57.04	57.04	.000	57.04	.01
SPEECH AND AUDIOLOGY	16	29	4,420.85	152.44	.006	276.30	.87
HOSPICE SERVICES	3	30	3,616.35	120.55	.006	1205.45	.71
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	324	924	12,747.78	13.80	.181	39.35	2.50
@CALIF. CHILDREN SERVICES*	1	2	\$ 795.63	\$ 397.82	.000	\$ 795.63	\$.16
@XOVER EXCLUDING STATE HOSP**	1,045	9,884	\$ 172,105.70	\$ 17.41	1.941	\$ 164.69	\$ 33.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,897
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	121	\$ 9,172.43	\$ 75.81	10.083	\$ 1146.55	\$ 764.37
@PHYSICIANS SERVICES	4	4	\$ 264.68	\$ 66.17	.333	\$ 66.17	\$ 22.06
OUTPATIENT VISITS	2	2	48.00	24.00	.167	24.00	4.00
OFFICE VISITS	2	2	48.00	24.00	.167	24.00	4.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	210.53	210.53	.083	210.53	17.54
PRINCIPAL SURGEON	1	1	210.53	210.53	.083	210.53	17.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		6.15		6.15	.083	6.15	.51
@PHARMACY	5	28	\$	317.32	\$	11.33	2.333	\$ 63.46	\$ 26.44
PRESCRIPTION DRUGS	5	14		156.58		11.18	1.167	31.32	13.05
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	5	14		156.58		11.18	1.167	31.32	13.05
MEDICAL SUPPLIES	3	14		160.74		11.48	1.167	53.58	13.40
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	23	\$ 1,497.26	\$ 65.10	1.917	\$ 748.63	\$ 124.77
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	4	\$ 48.28	\$ 12.07	.333	\$ 24.14	\$ 4.02
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	48.28	12.07	.333	24.14	4.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	48.28	12.07	.333	24.14	4.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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 KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$ 48.28	\$ 12.07	.333	\$ 24.14	\$ 4.02
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	48.28	12.07	.333	24.14	4.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	48.28	12.07	.333	24.14	4.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	1	2	\$	12.55	\$	6.28	.167	\$ 12.55	\$ 1.05	
PATHOLOGY	1	2		12.55		6.28	.167	12.55	1.05	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	575.35	\$	82.19	.583	\$ 115.07	\$ 47.95	
CLINIC	2	3		32.47		10.82	.250	16.24	2.71	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	3	4		542.88		135.72	.333	180.96	45.24	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 4,900
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	53	\$ 6,456.99	\$ 121.83	4.417	\$ 3228.50	\$ 538.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	53	6,456.99	121.83	4.417	3228.50	538.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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	2,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		2,447	47,049	\$ 2,010,440.63	\$ 42.73	20.280	\$ 821.59	\$ 866.57
@PHYSICIANS SERVICES		580	3,594	\$ 101,482.61	\$ 28.24	1.549	\$ 174.97	\$ 43.74
OUTPATIENT VISITS		136	214	10,951.02	51.17	.092	80.52	4.72
OFFICE VISITS		61	81	2,279.69	28.14	.035	37.37	.98
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		71	119	8,286.32	69.63	.051	116.71	3.57
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		13	14	385.01	27.50	.006	29.62	.17
INPATIENT VISITS		54	325	13,231.11	40.71	.140	245.02	5.70
HOSPITAL VISITS		50	298	12,222.51	41.02	.128	244.45	5.27
CRITICAL CARE		1	1	121.60	121.60	.000	121.60	.05
SNF/ICF/TRANS IP CARE		4	26	887.00	34.12	.011	221.75	.38
OPHTHALMOLOGICAL SERVICES		16	19	783.57	41.24	.008	48.97	.34
EXAMINATIONS		16	19	783.57	41.24	.008	48.97	.34
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		16	77	8,175.32	106.17	.033	510.96	3.52
PRINCIPAL SURGEON		13	23	7,331.45	318.76	.010	563.96	3.16
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		5	54	843.87	15.63	.023	168.77	.36

OUTPATIENT SURGERY	21	82		10,235.51	124.82	.035	487.41	4.41
PRINCIPAL SURGEON	19	26		9,127.64	351.06	.011	480.40	3.93
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	56		1,107.87	19.78	.024	184.65	.48
DIALYSIS	6	16		1,212.92	75.81	.007	202.15	.52
PATHOLOGY	28	74		1,084.20	14.65	.032	38.72	.47
RADIOLOGY	93	232		8,413.79	36.27	.100	90.47	3.63
PSYCHIATRY	1	1		31.08	31.08	.000	31.08	.01
IMMUNIZATION AND INJECTION	19	762		24,068.61	31.59	.328	1266.77	10.37
OTHER SERVICES/ALL X-OVERS	381	1,792		23,295.48	13.00	.772	61.14	10.04
@PHARMACY	1,862	21,933	\$	822,615.48	\$ 37.51	9.454	\$ 441.79	\$ 354.58
PRESCRIPTION DRUGS	1,818	8,277		795,824.97	96.15	3.568	437.75	343.03
SNF/ICF	21	157		14,961.64	95.30	.068	712.46	6.45
OUTPATIENTS	1,800	8,120		780,863.33	96.17	3.500	433.81	336.58
MEDICAL SUPPLIES	248	13,656		26,790.51	1.96	5.886	108.03	11.55
@DENTIST	159	946	\$	33,541.38	\$ 35.46	.408	\$ 210.95	\$ 14.46
VISITS - DIAGNOSTIC	107	583		5,094.20	8.74	.251	47.61	2.20
ORAL SURGERY	36	116		5,913.60	50.98	.050	164.27	2.55
DRUGS	1	3		45.00	15.00	.001	45.00	.02
ANESTHESIA	3	4		400.00	100.00	.002	133.33	.17
PERIODONTICS	16	17		1,581.00	93.00	.007	98.81	.68
ENDODONTICS	13	21		4,870.00	231.90	.009	374.62	2.10
RESTORATIVE DENTISTRY	37	109		7,275.58	66.75	.047	196.64	3.14
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	24	87		8,362.00	96.11	.038	348.42	3.60
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	5		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 4,902
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KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

		----- MONTHLY AVERAGE -----						
2,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	78	243	\$ 5,077.08	\$ 20.89	.105	\$ 65.09	\$ 2.19	
DIAGNOSTIC AND ANC. PROCED	25	30	1,198.97	39.97	.013	47.96	.52	
EYE APPLIANCES	67	200	3,298.68	16.49	.086	49.23	1.42	
OTHER OPTOMETRIC SERVICES	10	13	579.43	44.57	.006	57.94	.25	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.02	
MEDICINE/INJECTIONS	1	1	57.20	57.20	.000	57.20	.02	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	17	1,947	\$ 60,881.57	\$ 31.27	.839	\$ 3581.27	\$ 26.24	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	274	1,581	\$ 345,466.97	\$ 218.51	.681	\$ 1260.83	\$ 148.91	
HOSP INPATIENT TOTAL	53	247	317,735.49	1286.38	.106	5995.01	136.95	
HSC HOSPITALS	4	19	21,244.00	1118.11	.008	5311.00	9.16	

NON-HSC HOSPITAL TOTAL	25	228	279,260.17	1224.83	.098	11170.41	120.37
ACCOMMODATIONS	25	228	104,891.81	460.05	.098	4195.67	45.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	228	104,891.81	460.05	.098	4195.67	45.21
ANCILLARIES	25	0	174,368.36	.00	.000	6974.73	75.16
INPATIENT CROSSOVERS	24	0	17,231.32	.00	.000	717.97	7.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	235	1,334	27,731.48	20.79	.575	118.01	11.95
MEDICAL	59	124	4,474.93	36.09	.053	75.85	1.93
SURGERY	7	7	365.46	52.21	.003	52.21	.16
PATHOLOGY	98	482	6,018.92	12.49	.208	61.42	2.59
RADIOLOGY	53	65	5,207.94	80.12	.028	98.26	2.24
ROOM USE	69	118	4,600.94	38.99	.051	66.68	1.98
CROSSOVERS/ALL OTH OUTPTNT	128	538	7,063.29	13.13	.232	55.18	3.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,903
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

2,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	274	1,581	\$ 345,466.97	\$ 218.51	.681	\$ 1260.83	\$ 148.91
COMM HOSP INPATIENT TOTAL	53	247	317,735.49	1286.38	.106	5995.01	136.95
HSC HOSPITALS	4	19	21,244.00	1118.11	.008	5311.00	9.16
NON-HSC HOSPITALS TOTAL	25	228	279,260.17	1224.83	.098	11170.41	120.37
ACCOMMODATIONS	25	228	104,891.81	460.05	.098	4195.67	45.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	228	104,891.81	460.05	.098	4195.67	45.21
ANCILLARIES	25	0	174,368.36	.00	.000	6974.73	75.16
INPATIENT CROSSOVERS	24	0	17,231.32	.00	.000	717.97	7.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	235	1,334	27,731.48	20.79	.575	118.01	11.95
MEDICAL	59	124	4,474.93	36.09	.053	75.85	1.93
SURGERY	7	7	365.46	52.21	.003	52.21	.16
PATHOLOGY	98	482	6,018.92	12.49	.208	61.42	2.59
RADIOLOGY	53	65	5,207.94	80.12	.028	98.26	2.24
ROOM USE	69	118	4,600.94	38.99	.051	66.68	1.98

CROSSOVERS/ALL OTH OUTPTNT	128	538		7,063.29	13.13	.232	55.18	3.04
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	29	833	\$	256,456.52	307.87	.359	8843.33	110.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	308		178,575.66	579.79	.133	22321.96	76.97
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	25	525		77,880.86	148.34	.226	3115.23	33.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	48	585	\$	47,317.54	80.88	.252	985.78	20.40
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	48	585		47,317.54	80.88	.252	985.78	20.40
@REHABILITATION FACILITY	1	33	\$	900.40	27.28	.014	900.40	.39
HOSPITAL BASED	1	33		900.40	27.28	.014	900.40	.39
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	39	119	\$	1,977.99	16.62	.051	50.72	.85
PATHOLOGY	35	113		1,903.73	16.85	.049	54.39	.82
XO AND OTHERS	5	6		74.26	12.38	.003	14.85	.03
@ORGANIZED OUTPATIENT CLINIC	711	1,472	\$	169,361.35	115.06	.634	238.20	73.00
CLINIC	1	3		73.86	24.62	.001	73.86	.03
SURGICENTER	13	26		2,945.77	113.30	.011	226.60	1.27
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	698	1,443		166,341.72	115.27	.622	238.31	71.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,904
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	325		13,762	\$ 165,304.54	\$ 12.01	5.932	\$ 508.63	\$ 71.25
DURABLE MED. EQUIP.	36		90	13,506.44	150.07	.039	375.18	5.82
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11		27	2,235.35	82.79	.012	203.21	.96
MEDICAL TRANSPORTATION	62		6,742	17,261.36	2.56	2.906	278.41	7.44
AMBULANCES/AIR TRANS	24		821	5,887.12	7.17	.354	245.30	2.54
OTHER TRANS	14		5,815	10,510.53	1.81	2.506	750.75	4.53
OTHER SERVICES	25		106	863.71	8.15	.046	34.55	.37
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4		74	5,169.80	69.86	.032	1292.45	2.23
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5		11	1,612.00	146.55	.005	322.40	.69
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	71		151	1,648.69	10.92	.065	23.22	.71
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		3	38.68	12.89	.001	38.68	.02
PROSTHETIST/ORTHOTISTS	5		10	436.96	43.70	.004	87.39	.19
PROSTHETICS	5		10	436.96	43.70	.004	87.39	.19
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11		16	2,135.18	133.45	.007	194.11	.92

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	333	3,088.19	9.27	.144	83.46	1.33
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	1.823	13629.06	47.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	98	2,076	9,139.39	4.40	.895	93.26	3.94
@CALIF. CHILDREN SERVICES*	4	8	\$ 808.19	\$ 101.02	.003	\$ 202.05	\$.35
@XOVER EXCLUDING STATE HOSP**	475	3,533	\$ 87,484.92	\$ 24.76	1.523	\$ 184.18	\$ 37.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,905
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

166,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78,303	405,614	\$ 25,630,606.70	\$ 63.19	2.437	\$ 327.33	\$ 153.99
@PHYSICIANS SERVICES	18,748	57,813	\$ 2,299,131.37	\$ 39.77	.347	\$ 122.63	\$ 13.81
OUTPATIENT VISITS	11,853	18,777	776,217.70	41.34	.113	65.49	4.66
OFFICE VISITS	4,660	6,037	180,420.16	29.89	.036	38.72	1.08
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	5,849	6,695	390,027.27	58.26	.040	66.68	2.34
PREVENTIVE CARE	7	7	213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,441	5,541	190,105.37	34.31	.033	131.93	1.14
OTHER OUTPATIENT	436	496	15,426.31	31.10	.003	35.38	.09
INPATIENT VISITS	920	2,745	191,393.56	69.72	.016	208.04	1.15
HOSPITAL VISITS	861	2,084	101,203.34	48.56	.013	117.54	.61
CRITICAL CARE	84	658	90,048.97	136.85	.004	1072.01	.54
SNF/ICF/TRANS IP CARE	2	3	141.25	47.08	.000	70.63	.00
OPHTHALMOLOGICAL SERVICES	102	126	5,329.31	42.30	.001	52.25	.03

EXAMINATIONS	102	126	5,329.31	42.30	.001	52.25	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,132	4,685	543,571.20	116.02	.028	480.19	3.27
PRINCIPAL SURGEON	800	922	453,389.26	491.75	.006	566.74	2.72
ASSISTANT SURGEON	146	147	28,743.60	195.53	.001	196.87	.17
ANESTHESIOLOGIST	321	3,616	61,438.34	16.99	.022	191.40	.37
OUTPATIENT SURGERY	1,330	3,334	202,642.51	60.78	.020	152.36	1.22
PRINCIPAL SURGEON	1,131	1,343	168,620.27	125.55	.008	149.09	1.01
ASSISTANT SURGEON	1	1	101.27	101.27	.000	101.27	.00
ANESTHESIOLOGIST	323	1,990	33,920.97	17.05	.012	105.02	.20
DIALYSIS	17	63	5,432.54	86.23	.000	319.56	.03
PATHOLOGY	1,881	2,856	50,166.63	17.57	.017	26.67	.30
RADIOLOGY	5,227	8,026	242,728.00	30.24	.048	46.44	1.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	429	2,850	112,662.73	39.53	.017	262.62	.68
OTHER SERVICES/ALL X-OVERS	3,662	14,351	168,987.19	11.78	.086	46.15	1.02
@PHARMACY	37,558	129,007	\$ 4,719,844.34	\$ 36.59	.775	\$ 125.67	\$ 28.36
PRESCRIPTION DRUGS	37,014	95,460	4,574,811.39	47.92	.574	123.60	27.49
SNF/ICF	13	201	8,961.48	44.58	.001	689.34	.05
OUTPATIENTS	37,002	95,259	4,565,849.91	47.93	.572	123.39	27.43
MEDICAL SUPPLIES	1,866	33,547	145,032.95	4.32	.202	77.72	.87
@DENTIST	6,346	38,475	\$ 1,100,635.98	\$ 28.61	.231	\$ 173.44	\$ 6.61
VISITS - DIAGNOSTIC	4,920	27,454	335,989.70	12.24	.165	68.29	2.02
ORAL SURGERY	921	1,994	126,345.00	63.36	.012	137.18	.76
DRUGS	38	48	691.00	14.40	.000	18.18	.00
ANESTHESIA	134	134	12,900.00	96.27	.001	96.27	.08
PERIODONTICS	327	348	34,829.10	100.08	.002	106.51	.21
ENDODONTICS	561	921	139,594.49	151.57	.006	248.83	.84
RESTORATIVE DENTISTRY	2,008	6,383	357,114.32	55.95	.038	177.85	2.15
PROSTHETICS	38	41	940.00	22.93	.000	24.74	.01
DENTURES, STAYPLATES	74	346	28,000.30	80.93	.002	378.38	.17
SPACE MAINTAINERS	55	70	7,139.00	101.99	.000	129.80	.04
MAXILLOFACIAL SERVICES	198	204	21,957.54	107.64	.001	110.90	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	326	389	33,235.00	85.44	.002	101.95	.20
ALL OTHER SERVICES	166	142	1,275.00	8.98	.001	7.68	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,906
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

166,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,193	6,950	\$ 156,519.73	\$ 22.52	.042	\$ 71.37	\$.94
DIAGNOSTIC AND ANC. PROCED	1,847	1,999	82,387.93	41.21	.012	44.61	.49
EYE APPLIANCES	1,733	4,913	73,402.87	14.94	.030	42.36	.44
OTHER OPTOMETRIC SERVICES	28	38	728.93	19.18	.000	26.03	.00
@CHIROPRACTOR	9	11	\$ 183.92	\$ 16.72	.000	\$ 20.44	\$.00
VISITS	9	11	183.92	16.72	.000	20.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	34	\$ 1,584.70	\$ 46.61	.000	\$ 72.03	\$.01
MEDICINE/INJECTIONS	13	15	488.48	32.57	.000	37.58	.00
SURGERY/ANES.	3	4	696.03	174.01	.000	232.01	.00
RADIO./PATHOLOGY	7	11	190.30	17.30	.000	27.19	.00
OTHER	3	4	209.89	52.47	.000	69.96	.00
@HOME HEALTH AGENCY	170	448	\$ 27,931.23	\$ 62.35	.003	\$ 164.30	\$.17
NURSE ANESTHESIST	117	706	\$ 13,485.12	\$ 19.10	.004	\$ 115.26	\$.08

NURSE MIDWIFE	1	1	\$	8.08	\$	8.08	.000	\$	8.08	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	12,904	54,705	\$	7,878,913.12	\$	144.03	.329	\$	610.58	\$	47.34
HOSP INPATIENT TOTAL	1,202	4,630		6,547,922.25		1414.24	.028		5447.52		39.34
HSC HOSPITALS	256	1,383		2,366,322.40		1711.01	.008		9243.45		14.22
NON-HSC HOSPITAL TOTAL	962	3,247		4,179,847.85		1287.30	.020		4344.96		25.11
ACCOMMODATIONS	959	3,247		1,494,897.03		460.39	.020		1558.81		8.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	959	3,247		1,494,897.03		460.39	.020		1558.81		8.98
ANCILLARIES	962	0		2,684,950.82		.00	.000		2791.01		16.13
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,154	50,075		1,330,990.87		26.58	.301		109.51		8.00
MEDICAL	3,338	5,513		182,474.29		33.10	.033		54.67		1.10
SURGERY	1,211	1,355		57,820.56		42.67	.008		47.75		.35
PATHOLOGY	4,967	20,634		254,122.04		12.32	.124		51.16		1.53
RADIOLOGY	3,476	4,727		332,793.61		70.40	.028		95.74		2.00
ROOM USE	7,062	8,996		370,754.91		41.21	.054		52.50		2.23
CROSSOVERS/ALL OTH OUTPTNT	4,130	8,850		133,025.46		15.03	.053		32.21		.80
@COUNTY HOSPITAL TOTAL	58	207	\$	49,722.36	\$	240.20	.001	\$	857.28	\$	.30
CO HOSPITAL INPATIENT TOTAL	10	32		42,168.04		1317.75	.000		4216.80		.25
HSC HOSPITALS	10	32		42,168.04		1317.75	.000		4216.80		.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	52	175		7,554.32		43.17	.001		145.28		.05
MEDICAL	19	33		1,664.94		50.45	.000		87.63		.01
SURGERY	6	7		285.59		40.80	.000		47.60		.00
PATHOLOGY	15	43		554.33		12.89	.000		36.96		.00
RADIOLOGY	9	14		1,819.93		130.00	.000		202.21		.01
ROOM USE	37	52		2,217.32		42.64	.000		59.93		.01
CROSSOVERS/ALL OTH OUTPTNT	20	26		1,012.21		38.93	.000		50.61		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,907
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	166,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,854	54,498	\$	7,829,190.76	\$ 143.66	.327	\$ 609.09	\$ 47.04
COMM HOSP INPATIENT TOTAL	1,192	4,598		6,505,754.21	1414.91	.028	5457.85	39.09
HSC HOSPITALS	246	1,351		2,324,154.36	1720.32	.008	9447.78	13.96
NON-HSC HOSPITALS TOTAL	962	3,247		4,179,847.85	1287.30	.020	4344.96	25.11
ACCOMMODATIONS	959	3,247		1,494,897.03	460.39	.020	1558.81	8.98
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	959	3,247		1,494,897.03	460.39	.020	1558.81	8.98
ANCILLARIES	962	0		2,684,950.82	.00	.000	2791.01	16.13
INPATIENT CROSSOVERS	2	0		1,752.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	12,108	49,900		1,323,436.55		26.52	.300	109.30	7.95
MEDICAL	3,320	5,480		180,809.35		32.99	.033	54.46	1.09
SURGERY	1,205	1,348		57,534.97		42.68	.008	47.75	.35
PATHOLOGY	4,953	20,591		253,567.71		12.31	.124	51.19	1.52
RADIOLOGY	3,468	4,713		330,973.68		70.23	.028	95.44	1.99
ROOM USE	7,029	8,944		368,537.59		41.21	.054	52.43	2.21
CROSSOVERS/ALL OTH OUTPTNT	4,111	8,824		132,013.25		14.96	.053	32.11	.79
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	18	492	\$	245,481.54	\$	498.95	.003	\$ 13637.86	\$ 1.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	15	424		236,476.28		557.73	.003	15765.09	1.42
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	68		9,005.26		132.43	.000	3001.75	.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	49	1,153	\$	70,099.48	\$	60.80	.007	\$ 1430.60	\$.42
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	49	1,153		70,099.48		60.80	.007	1430.60	.42
@REHABILITATION FACILITY	48	158	\$	5,491.37	\$	34.76	.001	\$ 114.40	\$.03
HOSPITAL BASED	48	158		5,491.37		34.76	.001	114.40	.03
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5,265	14,215	\$	243,941.70	\$	17.16	.085	\$ 46.33	\$ 1.47
PATHOLOGY	5,256	14,202		243,108.70		17.12	.085	46.25	1.46
XO AND OTHERS	14	13		833.00		64.08	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	34,051	60,294	\$	8,446,719.28	\$	140.09	.362	\$ 248.06	\$ 50.75
CLINIC	790	2,632		52,147.94		19.81	.016	66.01	.31
SURGICENTER	270	1,414		50,790.99		35.92	.008	188.11	.31
HEROIN DETOX CLINIC	4	66		761.82		11.54	.000	190.46	.00
RURAL HEALTH CLINIC	33,214	56,182		8,343,018.53		148.50	.338	251.19	50.13

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	166,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,074	41,152	\$	420,635.74	\$ 10.22	.247	\$ 52.10	\$ 2.53
DURABLE MED. EQUIP.	130	424		19,049.40	44.93	.003	146.53	.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	65		3,627.69	55.81	.000	120.92	.02
MEDICAL TRANSPORTATION	822	18,473		148,464.73	8.04	.111	180.61	.89
AMBULANCES/AIR TRANS	818	17,733		139,494.38	7.87	.107	170.53	.84
OTHER TRANS	4	719		1,619.89	2.25	.004	404.97	.01
OTHER SERVICES	18	21		7,350.46	350.02	.000	408.36	.04
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	337	338		35,490.00	105.00	.002	105.31	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,580	3,352		32,716.59	9.76	.020	20.71	.20
PHYSICAL THERAPIST	25	245		3,600.97	14.70	.001	144.04	.02

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	85	130	12,512.59	96.25	.001	147.21	.08
PROSTHETICS	85	130	12,512.59	96.25	.001	147.21	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.000	265.92	.00
SPEECH AND AUDIOLOGY	66	109	5,821.56	53.41	.001	88.21	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,980	13,683	154,800.28	11.31	.082	31.08	.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	138	4,328	4,242.76	.98	.026	30.74	.03
@CALIF. CHILDREN SERVICES*	526	20,423	\$ 1,556,074.15	\$ 76.19	.123	\$ 2958.32	\$ 9.35
@XOVER EXCLUDING STATE HOSP**	155	1,485	\$ 28,903.52	\$ 19.46	.009	\$ 186.47	\$.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,909
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

					----- MONTHLY AVERAGE -----			
173,868 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	85,207	502,321	\$ 29,721,299.12	\$ 59.17	2.889	\$ 348.81	\$ 170.94	
@PHYSICIANS SERVICES	20,211	66,972	\$ 2,506,237.17	\$ 37.42	.385	\$ 124.00	\$ 14.41	
OUTPATIENT VISITS	12,114	19,143	795,916.33	41.58	.110	65.70	4.58	
OFFICE VISITS	4,783	6,190	185,499.80	29.97	.036	38.78	1.07	
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00	
EMERGENCY ROOM	5,979	6,885	404,088.45	58.69	.040	67.58	2.32	
PREVENTIVE CARE	7	7	213.39	30.48	.000	30.48	.00	
OB VISITS/COMPRE PERI	1,441	5,541	190,105.37	34.31	.032	131.93	1.09	
OTHER OUTPATIENT	457	519	15,984.12	30.80	.003	34.98	.09	
INPATIENT VISITS	1,009	3,196	210,088.76	65.73	.018	208.21	1.21	
HOSPITAL VISITS	944	2,495	117,452.74	47.08	.014	124.42	.68	
CRITICAL CARE	86	670	91,508.17	136.58	.004	1064.05	.53	
SNF/ICF/TRANS IP CARE	8	31	1,127.85	36.38	.000	140.98	.01	
OPHTHALMOLOGICAL SERVICES	130	156	6,527.08	41.84	.001	50.21	.04	
EXAMINATIONS	130	156	6,527.08	41.84	.001	50.21	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1,172	4,946	565,480.93	114.33	.028	482.49	3.25	
PRINCIPAL SURGEON	829	968	471,616.16	487.21	.006	568.90	2.71	
ASSISTANT SURGEON	147	148	29,118.13	196.74	.001	198.08	.17	
ANESTHESIOLOGIST	335	3,830	64,746.64	16.91	.022	193.27	.37	
OUTPATIENT SURGERY	1,383	3,543	229,761.30	64.85	.020	166.13	1.32	
PRINCIPAL SURGEON	1,174	1,403	192,894.27	137.49	.008	164.31	1.11	
ASSISTANT SURGEON	2	2	324.65	162.33	.000	162.33	.00	
ANESTHESIOLOGIST	338	2,138	36,542.38	17.09	.012	108.11	.21	
DIALYSIS	36	130	10,583.31	81.41	.001	293.98	.06	
PATHOLOGY	1,929	2,968	52,899.45	17.82	.017	27.42	.30	
RADIOLOGY	5,463	8,594	261,669.31	30.45	.049	47.90	1.50	
PSYCHIATRY	1	1	31.08	31.08	.000	31.08	.00	
IMMUNIZATION AND INJECTION	450	3,616	136,755.91	37.82	.021	303.90	.79	
OTHER SERVICES/ALL X-OVERS	4,705	20,679	236,523.71	11.44	.119	50.27	1.36	
@PHARMACY	42,929	184,039	\$ 6,614,601.70	\$ 35.94	1.058	\$ 154.08	\$ 38.04	
PRESCRIPTION DRUGS	42,277	118,034	6,413,132.15	54.33	.679	151.69	36.89	

SNF/ICF	104	962	59,522.85	61.87	.006	572.34	.34
OUTPATIENTS	42,180	117,072	6,353,609.30	54.27	.673	150.63	36.54
MEDICAL SUPPLIES	2,494	66,005	201,469.55	3.05	.380	80.78	1.16
@DENTIST	6,681	40,301	\$ 1,174,314.61	\$ 29.14	.232	\$ 175.77	\$ 6.75
VISITS - DIAGNOSTIC	5,127	28,554	346,001.45	12.12	.164	67.49	1.99
ORAL SURGERY	1,004	2,243	138,949.05	61.95	.013	138.40	.80
DRUGS	39	51	736.00	14.43	.000	18.87	.00
ANESTHESIA	138	139	13,400.00	96.40	.001	97.10	.08
PERIODONTICS	351	374	37,343.60	99.85	.002	106.39	.21
ENDODONTICS	585	953	147,169.49	154.43	.005	251.57	.85
RESTORATIVE DENTISTRY	2,079	6,559	370,971.90	56.56	.038	178.44	2.13
PROSTHETICS	41	44	940.00	21.36	.000	22.93	.01
DENTURES, STAYPLATES	149	571	54,571.05	95.57	.003	366.25	.31
SPACE MAINTAINERS	55	70	7,139.00	101.99	.000	129.80	.04
MAXILLOFACIAL SERVICES	199	205	21,957.54	107.11	.001	110.34	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	326	389	33,235.00	85.44	.002	101.95	.19
ALL OTHER SERVICES	175	148	1,275.00	8.61	.001	7.29	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,910
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
173,868 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2,405	7,579	\$ 169,639.35	\$ 22.38	.044	\$ 70.54	\$.98	
DIAGNOSTIC AND ANC. PROCED	1,916	2,077	85,578.09	41.20	.012	44.66	.49	
EYE APPLIANCES	1,908	5,428	82,168.77	15.14	.031	43.07	.47	
OTHER OPTOMETRIC SERVICES	56	74	1,892.49	25.57	.000	33.79	.01	
@CHIROPRACTOR	9	11	\$ 183.92	\$ 16.72	.000	\$ 20.44	\$.00	
VISITS	9	11	183.92	16.72	.000	20.44	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	41	63	\$ 1,793.06	\$ 28.46	.000	\$ 43.73	\$.01	

MEDICINE/INJECTIONS	14	16	545.68	34.11	.000	38.98	.00
SURGERY/ANES.	3	4	696.03	174.01	.000	232.01	.00
RADIO./PATHOLOGY	7	11	190.30	17.30	.000	27.19	.00
OTHER	21	32	361.05	11.28	.000	17.19	.00
@HOME HEALTH AGENCY	195	2,486	\$ 94,906.77	\$ 38.18	.014	\$ 486.70	\$.55
NURSE ANESTHESIST	119	714	\$ 13,670.70	\$ 19.15	.004	\$ 114.88	\$.08
NURSE MIDWIFE	1	1	\$ 8.08	\$ 8.08	.000	\$ 8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13,639	58,508	\$ 8,555,399.11	\$ 146.23	.337	\$ 627.27	\$ 49.21
HOSP INPATIENT TOTAL	1,339	5,029	7,148,312.33	1421.42	.029	5338.55	41.11
HSC HOSPITALS	265	1,425	2,419,259.88	1697.73	.008	9129.28	13.91
NON-HSC HOSPITAL TOTAL	1,009	3,604	4,665,949.38	1294.66	.021	4624.33	26.84
ACCOMMODATIONS	1,006	3,604	1,653,443.47	458.78	.021	1643.58	9.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,006	3,604	1,653,443.47	458.78	.021	1643.58	9.51
ANCILLARIES	1,009	0	3,012,505.91	.00	.000	2985.64	17.33
INPATIENT CROSSOVERS	83	0	63,103.07	.00	.000	760.28	.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,782	53,479	1,407,086.78	26.31	.308	110.08	8.09
MEDICAL	3,472	5,750	192,560.85	33.49	.033	55.46	1.11
SURGERY	1,233	1,378	59,386.82	43.10	.008	48.16	.34
PATHOLOGY	5,226	22,009	271,308.66	12.33	.127	51.92	1.56
RADIOLOGY	3,622	4,927	348,675.30	70.77	.028	96.27	2.01
ROOM USE	7,206	9,222	380,521.89	41.26	.053	52.81	2.19
CROSSOVERS/ALL OTH OUTPTNT	4,477	10,193	154,633.26	15.17	.059	34.54	.89
@COUNTY HOSPITAL TOTAL	58	207	\$ 49,722.36	\$ 240.20	.001	\$ 857.28	\$.29
CO HOSPITAL INPATIENT TOTAL	10	32	42,168.04	1317.75	.000	4216.80	.24
HSC HOSPITALS	10	32	42,168.04	1317.75	.000	4216.80	.24
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	52	175	7,554.32	43.17	.001	145.28	.04
MEDICAL	19	33	1,664.94	50.45	.000	87.63	.01
SURGERY	6	7	285.59	40.80	.000	47.60	.00
PATHOLOGY	15	43	554.33	12.89	.000	36.96	.00
RADIOLOGY	9	14	1,819.93	130.00	.000	202.21	.01
ROOM USE	37	52	2,217.32	42.64	.000	59.93	.01
CROSSOVERS/ALL OTH OUTPTNT	20	26	1,012.21	38.93	.000	50.61	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----		
173,868 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,589	58,301	\$ 8,505,676.75	\$ 145.89	.335	\$ 625.92	\$ 48.92
COMM HOSP INPATIENT TOTAL	1,329	4,997	7,106,144.29	1422.08	.029	5346.99	40.87
HSC HOSPITALS	255	1,393	2,377,091.84	1706.46	.008	9321.93	13.67
NON-HSC HOSPITALS TOTAL	1,009	3,604	4,665,949.38	1294.66	.021	4624.33	26.84
ACCOMMODATIONS	1,006	3,604	1,653,443.47	458.78	.021	1643.58	9.51

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,006	3,604	1,653,443.47	458.78	.021	1643.58	9.51
ANCILLARIES	1,009	0	3,012,505.91	.00	.000	2985.64	17.33
INPATIENT CROSSOVERS	83	0	63,103.07	.00	.000	760.28	.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,736	53,304	1,399,532.46	26.26	.307	109.89	8.05
MEDICAL	3,454	5,717	190,895.91	33.39	.033	55.27	1.10
SURGERY	1,227	1,371	59,101.23	43.11	.008	48.17	.34
PATHOLOGY	5,212	21,966	270,754.33	12.33	.126	51.95	1.56
RADIOLOGY	3,614	4,913	346,855.37	70.60	.028	95.98	1.99
ROOM USE	7,173	9,170	378,304.57	41.25	.053	52.74	2.18
CROSSOVERS/ALL OTH OUTPTNT	4,458	10,167	153,621.05	15.11	.058	34.46	.88
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	126	2,924	752,538.13	257.37	.017	5972.52	4.33
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	23	732	415,051.94	567.01	.004	18045.74	2.39
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	107	2,192	337,486.19	153.96	.013	3154.08	1.94
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	122	2,331	149,645.97	64.20	.013	1226.61	.86
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	122	2,331	149,645.97	64.20	.013	1226.61	.86
@REHABILITATION FACILITY	49	191	6,391.77	33.46	.001	130.44	.04
HOSPITAL BASED	49	191	6,391.77	33.46	.001	130.44	.04
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5,361	14,498	248,436.27	17.14	.083	46.34	1.43
PATHOLOGY	5,339	14,466	247,361.11	17.10	.083	46.33	1.42
XO AND OTHERS	28	32	1,075.16	33.60	.000	38.40	.01
@ORGANIZED OUTPATIENT CLINIC	35,959	63,866	8,792,764.40	137.68	.367	244.52	50.57
CLINIC	797	2,646	52,430.60	19.82	.015	65.78	.30
SURGICENTER	321	1,514	61,386.60	40.55	.009	191.24	.35
HEROIN DETOX CLINIC	4	66	761.82	11.54	.000	190.46	.00
RURAL HEALTH CLINIC	35,075	59,640	8,678,185.38	145.51	.343	247.42	49.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

----- MONTHLY AVERAGE -----							
173,868 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,949	57,837	\$ 640,768.11	\$ 11.08	.333	\$ 71.60	\$ 3.69
DURABLE MED. EQUIP.	185	551	40,187.89	72.94	.003	217.23	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	71	140	11,520.46	82.29	.001	162.26	.07
MEDICAL TRANSPORTATION	958	26,728	174,022.39	6.51	.154	181.65	1.00
AMBULANCES/AIR TRANS	872	18,879	149,512.39	7.92	.109	171.46	.86
OTHER TRANS	48	7,590	15,718.92	2.07	.044	327.48	.09
OTHER SERVICES	63	259	8,791.08	33.94	.001	139.54	.05
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00

ADULT DAY HEALTH CARE CTR	4	74	5,169.80	69.86	.000	1292.45	.03
GENETIC DISEASE TESTING	337	338	35,490.00	105.00	.002	105.31	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	13	34	4,209.06	123.80	.000	323.77	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,761	3,745	37,322.24	9.97	.022	21.19	.21
PHYSICAL THERAPIST	26	258	3,775.45	14.63	.001	145.21	.02
PORTABLE X-RAY	2	4	40.47	10.12	.000	20.24	.00
PROSTHETIST/ORTHOTISTS	95	149	13,162.31	88.34	.001	138.55	.08
PROSTHETICS	95	149	13,162.31	88.34	.001	138.55	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	4	322.96	80.74	.000	161.48	.00
SPEECH AND AUDIOLOGY	93	154	12,377.59	80.37	.001	133.09	.07
HOSPICE SERVICES	5	83	10,073.34	121.37	.000	2014.67	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,017	14,016	157,888.47	11.26	.081	31.47	.91
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	.024	13629.06	.63
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	560	7,328	26,129.93	3.57	.042	46.66	.15
@CALIF. CHILDREN SERVICES*	531	20,433	\$ 1,557,677.97	\$ 76.23	.118	\$ 2933.48	\$ 8.96
@XOVER EXCLUDING STATE HOSP**	1,675	14,902	\$ 288,494.14	\$ 19.36	.086	\$ 172.24	\$ 1.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,913
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

237 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	318	4,152	\$ 255,531.02	\$ 61.54	17.519	\$ 803.56	\$ 1078.19
@PHYSICIANS SERVICES	71	168	\$ 2,303.41	\$ 13.71	.709	\$ 32.44	\$ 9.72
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	71	168	2,303.41	13.71	.709	32.44	9.72
@PHARMACY	183	1,514	\$ 100,563.98	\$ 66.42	6.388	\$ 549.53	\$ 424.32
PRESCRIPTION DRUGS	171	953	96,246.44	100.99	4.021	562.84	406.10
SNF/ICF	43	322	22,668.28	70.40	1.359	527.17	95.65
OUTPATIENTS	129	631	73,578.16	116.61	2.662	570.37	310.46
MEDICAL SUPPLIES	26	561	4,317.54	7.70	2.367	166.06	18.22
@DENTIST	16	123	\$ 5,818.00	\$ 47.30	.519	\$ 363.63	\$ 24.55
VISITS - DIAGNOSTIC	9	58	351.00	6.05	.245	39.00	1.48
ORAL SURGERY	4	23	948.00	41.22	.097	237.00	4.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.004	100.00	.42
PERIODONTICS	3	3	173.00	57.67	.013	57.67	.73
ENDODONTICS	1	1	330.00	330.00	.004	330.00	1.39
RESTORATIVE DENTISTRY	2	6	387.00	64.50	.025	193.50	1.63
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	31	3,529.00	113.84	.131	882.25	14.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			
				----- MONTHLY AVERAGE -----			
237 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	8	27	\$ 662.86	\$ 24.55	.114	\$ 82.86	\$ 2.80
DIAGNOSTIC AND ANC. PROCED	6	6	280.45	46.74	.025	46.74	1.18
EYE APPLIANCES	7	19	329.81	17.36	.080	47.12	1.39
OTHER OPTOMETRIC SERVICES	1	2	52.60	26.30	.008	52.60	.22
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.26	\$ 3.26	.004	\$ 3.26	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.26	3.26	.004	3.26	.01
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	28	88	\$ 6,786.77	\$ 77.12	.371	\$ 242.38	\$ 28.64
HOSP INPATIENT TOTAL	8	0	4,678.80	.00	.000	584.85	19.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - AGED	PAGE 4,915 03/14/05 AID CODE 17 1Y
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	85	\$	6,770.67	\$ 79.65	.359	\$ 250.77	\$ 28.57
COMM HOSP INPATIENT TOTAL	8	0		4,678.80	.00	.000	584.85	19.74
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	0		4,678.80	.00	.000	584.85	19.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	85		2,091.87	24.61	.359	110.10	8.83
MEDICAL	1	1		15.89	15.89	.004	15.89	.07
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		2.66	2.66	.004	2.66	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		35.85	35.85	.004	35.85	.15
CROSSOVERS/ALL OTH OUTPTNT	16	82		2,037.47	24.85	.346	127.34	8.60
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	49	1,129	\$	121,706.60	\$ 107.80	4.764	\$ 2483.81	\$ 513.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	49	1,129		121,706.60	107.80	4.764	2483.81	513.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	4	\$	1,276.48	\$ 319.12	.017	\$ 425.49	\$ 5.39
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	4		1,276.48	319.12	.017	425.49	5.39
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	62	\$	2,205.52	\$ 35.57	.262	\$ 53.79	\$ 9.31
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		91.45	91.45	.004	91.45	.39
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	40	61		2,114.07	34.66	.257	52.85	8.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
237 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	55	1,036	\$ 14,204.14	\$ 13.71	4.371	\$ 258.26	\$ 59.93	
DURABLE MED. EQUIP.	4	9	4,999.62	555.51	.038	1249.91	21.10	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	3	4	1,901.28	475.32	.017	633.76	8.02
MEDICAL TRANSPORTATION	14	440	1,575.22	3.58	1.857	112.52	6.65
AMBULANCES/AIR TRANS	4	40	556.44	13.91	.169	139.11	2.35
OTHER TRANS	10	393	956.57	2.43	1.658	95.66	4.04
OTHER SERVICES	2	7	62.21	8.89	.030	31.11	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	176.69	11.04	.068	25.24	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	6.45	2.15	.013	3.23	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	1,715.19	343.04	.021	571.73	7.24
HOSPICE SERVICES	1	35	2,846.70	81.33	.148	2846.70	12.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	524	982.99	1.88	2.211	39.32	4.15
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	135	1,144	25,908.07	22.65	4.827	191.91	109.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 4,917

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,918
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,919
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,920
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 4,921
03/14/05

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	323	6,632	\$ 456,779.19	\$ 68.88	33.837	\$ 1414.18	\$ 2330.51
@PHYSICIANS SERVICES	146	1,055	\$ 46,174.41	\$ 43.77	5.383	\$ 316.26	\$ 235.58
OUTPATIENT VISITS	39	62	3,547.17	57.21	.316	90.95	18.10
OFFICE VISITS	17	26	979.80	37.68	.133	57.64	5.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	32	2,509.45	78.42	.163	119.50	12.80
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	4	57.92	14.48	.020	28.96	.30
INPATIENT VISITS	20	79	3,599.27	45.56	.403	179.96	18.36
HOSPITAL VISITS	18	73	3,387.12	46.40	.372	188.17	17.28
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	6	212.15	35.36	.031	53.04	1.08
OPHTHALMOLOGICAL SERVICES	3	3	141.44	47.15	.015	47.15	.72

EXAMINATIONS	3	3		141.44	47.15	.015	47.15	.72
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	24		5,998.81	249.95	.122	599.88	30.61
PRINCIPAL SURGEON	8	14		5,672.61	405.19	.071	709.08	28.94
ASSISTANT SURGEON	1	1		162.14	162.14	.005	162.14	.83
ANESTHESIOLOGIST	1	9		164.06	18.23	.046	164.06	.84
OUTPATIENT SURGERY	16	60		6,104.99	101.75	.306	381.56	31.15
PRINCIPAL SURGEON	12	16		5,436.91	339.81	.082	453.08	27.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	44		668.08	15.18	.224	133.62	3.41
DIALYSIS	5	50		2,529.10	50.58	.255	505.82	12.90
PATHOLOGY	8	30		747.18	24.91	.153	93.40	3.81
RADIOLOGY	37	70		2,109.28	30.13	.357	57.01	10.76
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	431		17,368.25	40.30	2.199	2894.71	88.61
OTHER SERVICES/ALL X-OVERS	83	246		4,028.92	16.38	1.255	48.54	20.56
@PHARMACY	154	3,149	\$	102,151.19	\$ 32.44	16.066	\$ 663.32	\$ 521.18
PRESCRIPTION DRUGS	141	789		99,227.34	125.76	4.026	703.74	506.26
SNF/ICF	5	24		868.79	36.20	.122	173.76	4.43
OUTPATIENTS	136	765		98,358.55	128.57	3.903	723.22	501.83
MEDICAL SUPPLIES	33	2,360		2,923.85	1.24	12.041	88.60	14.92
@DENTIST	7	41	\$	911.20	\$ 22.22	.209	\$ 130.17	\$ 4.65
VISITS - DIAGNOSTIC	3	32		200.20	6.26	.163	66.73	1.02
ORAL SURGERY	1	1		45.00	45.00	.005	45.00	.23
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		55.00	27.50	.010	27.50	.28
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	5		611.00	122.20	.026	203.67	3.12
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		.00	.00	.005	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 4,922
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	3	9	\$	175.21	\$ 19.47	.046	\$ 58.40	\$.89
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.005	47.45	.24
EYE APPLIANCES	3	8		127.76	15.97	.041	42.59	.65
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	53	\$	3,858.11	\$ 72.79	.270	\$ 385.81	\$ 19.68
NURSE ANESTHESIST	1	42	\$	521.47	\$ 12.42	.214	\$ 521.47	\$ 2.66

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	84	594	\$	227,050.04	\$	382.24	3.031	\$	2702.98	\$	1158.42
HOSP INPATIENT TOTAL	26	164		217,142.39		1324.04	.837		8351.63		1107.87
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	19	164		211,491.73		1289.58	.837		11131.14		1079.04
ACCOMMODATIONS	19	164		77,809.96		474.45	.837		4095.26		396.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	164		77,809.96		474.45	.837		4095.26		396.99
ANCILLARIES	19	0		133,681.77		.00	.000		7035.88		682.05
INPATIENT CROSSOVERS	7	0		5,650.66		.00	.000		807.24		28.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	60	430		9,907.65		23.04	2.194		165.13		50.55
MEDICAL	15	23		613.69		26.68	.117		40.91		3.13
SURGERY	6	9		495.66		55.07	.046		82.61		2.53
PATHOLOGY	26	196		2,042.52		10.42	1.000		78.56		10.42
RADIOLOGY	23	38		3,490.68		91.86	.194		151.77		17.81
ROOM USE	20	41		1,553.77		37.90	.209		77.69		7.93
CROSSOVERS/ALL OTH OUTPTNT	32	123		1,711.33		13.91	.628		53.48		8.73
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,923
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	84	594	\$ 227,050.04	\$ 382.24	3.031	\$ 2702.98	\$ 1158.42
COMM HOSP INPATIENT TOTAL	26	164	217,142.39	1324.04	.837	8351.63	1107.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	19	164	211,491.73	1289.58	.837	11131.14	1079.04
ACCOMMODATIONS	19	164	77,809.96	474.45	.837	4095.26	396.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	164	77,809.96	474.45	.837	4095.26	396.99
ANCILLARIES	19	0	133,681.77	.00	.000	7035.88	682.05
INPATIENT CROSSOVERS	7	0	5,650.66	.00	.000	807.24	28.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	60	430		9,907.65	23.04	2.194	165.13	50.55
MEDICAL	15	23		613.69	26.68	.117	40.91	3.13
SURGERY	6	9		495.66	55.07	.046	82.61	2.53
PATHOLOGY	26	196		2,042.52	10.42	1.000	78.56	10.42
RADIOLOGY	23	38		3,490.68	91.86	.194	151.77	17.81
ROOM USE	20	41		1,553.77	37.90	.209	77.69	7.93
CROSSOVERS/ALL OTH OUTPTNT	32	123		1,711.33	13.91	.628	53.48	8.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	105	\$	14,150.60	\$ 134.77	.536	\$ 2358.43	\$ 72.20
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		567.60	.00	.000	.00	2.90
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	105		13,583.00	129.36	.536	2263.83	69.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	22	274	\$	15,076.05	\$ 55.02	1.398	\$ 685.28	\$ 76.92
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	274		15,076.05	55.02	1.398	685.28	76.92
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	51	\$	778.21	\$ 15.26	.260	\$ 86.47	\$ 3.97
PATHOLOGY	9	51		778.21	15.26	.260	86.47	3.97
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	72	199	\$	29,625.54	\$ 148.87	1.015	\$ 411.47	\$ 151.15
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	10		1,088.16	108.82	.051	544.08	5.55
HEROIN DETOX CLINIC	1	23		213.69	9.29	.117	213.69	1.09
RURAL HEALTH CLINIC	69	166		28,323.69	170.62	.847	410.49	144.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,924
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	41	1,060	\$	16,307.16	\$ 15.38	5.408	\$ 397.74	\$ 83.20
DURABLE MED. EQUIP.	13	30		9,583.09	319.44	.153	737.16	48.89
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	994		6,242.96	6.28	5.071	328.58	31.85
AMBULANCES/AIR TRANS	10	136		1,970.37	14.49	.694	197.04	10.05
OTHER TRANS	9	847		4,254.92	5.02	4.321	472.77	21.71
OTHER SERVICES	2	11		17.67	1.61	.056	8.84	.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		59.36	9.89	.031	19.79	.30
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	225.28	75.09	.015	225.28	1.15
PROSTHETICS	1	3	225.28	75.09	.015	225.28	1.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	66.05	66.05	.005	66.05	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	51.64	12.91	.020	51.64	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	22	78.78	3.58	.112	11.25	.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	74	501	\$ 23,393.26	\$ 46.69	2.556	\$ 316.13	\$ 119.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,925
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	600	3,864	\$ 317,083.66	\$ 82.06	8.644	\$ 528.47	\$ 709.36
@PHYSICIANS SERVICES	270	996	\$ 34,878.75	\$ 35.02	2.228	\$ 129.18	\$ 78.03
OUTPATIENT VISITS	116	138	8,878.68	64.34	.309	76.54	19.86
OFFICE VISITS	26	32	1,299.39	40.61	.072	49.98	2.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	88	101	7,393.13	73.20	.226	84.01	16.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	125.92	41.97	.007	62.96	.28

OTHER OUTPATIENT	2	2	60.24	30.12	.004	30.12	.13
INPATIENT VISITS	23	37	2,039.65	55.13	.083	88.68	4.56
HOSPITAL VISITS	20	33	1,452.51	44.02	.074	72.63	3.25
CRITICAL CARE	3	4	587.14	146.79	.009	195.71	1.31
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.002	38.43	.09
EXAMINATIONS	1	1	38.43	38.43	.002	38.43	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	105	5,615.09	53.48	.235	330.30	12.56
PRINCIPAL SURGEON	8	10	3,796.33	379.63	.022	474.54	8.49
ASSISTANT SURGEON	3	3	542.18	180.73	.007	180.73	1.21
ANESTHESIOLOGIST	7	92	1,276.58	13.88	.206	182.37	2.86
OUTPATIENT SURGERY	21	190	3,620.54	19.06	.425	172.41	8.10
PRINCIPAL SURGEON	14	16	2,432.68	152.04	.036	173.76	5.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	174	1,187.86	6.83	.389	148.48	2.66
DIALYSIS	3	3	675.12	225.04	.007	225.04	1.51
PATHOLOGY	23	22	1,175.19	53.42	.049	51.10	2.63
RADIOLOGY	99	218	7,441.97	34.14	.488	75.17	16.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	153	2,855.54	18.66	.342	713.89	6.39
OTHER SERVICES/ALL X-OVERS	74	129	2,538.54	19.68	.289	34.30	5.68
@PHARMACY	124	470	\$ 24,373.53	\$ 51.86	1.051	\$ 196.56	\$ 54.53
PRESCRIPTION DRUGS	119	289	22,553.96	78.04	.647	189.53	50.46
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	119	289	22,553.96	78.04	.647	189.53	50.46
MEDICAL SUPPLIES	8	181	1,819.57	10.05	.405	227.45	4.07
@DENTIST	27	222	\$ 4,628.50	\$ 20.85	.497	\$ 171.43	\$ 10.35
VISITS - DIAGNOSTIC	24	151	1,033.00	6.84	.338	43.04	2.31
ORAL SURGERY	3	22	984.00	44.73	.049	328.00	2.20
DRUGS	1	1	.00	.00	.002	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.22
PERIODONTICS	1	1	109.00	109.00	.002	109.00	.24
ENDODONTICS	1	2	475.00	237.50	.004	475.00	1.06
RESTORATIVE DENTISTRY	5	36	1,529.00	42.47	.081	305.80	3.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	337.50	337.50	.002	337.50	.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.002	35.00	.08
ALL OTHER SERVICES	3	6	26.00	4.33	.013	8.67	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,926
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	13	41	\$ 1,119.50	\$ 27.30	.092	\$ 86.12	\$ 2.50
DIAGNOSTIC AND ANC. PROCED	10	12	427.94	35.66	.027	42.79	.96
EYE APPLIANCES	11	29	691.56	23.85	.065	62.87	1.55
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	20	\$	1,429.10	\$ 71.46	.045	\$ 357.28	\$ 3.20
NURSE ANESTHESIST	1	10	\$	129.04	\$ 12.90	.022	\$ 129.04	\$.29
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	209	1,270	\$	196,587.59	\$ 154.79	2.841	\$ 940.61	\$ 439.79
HOSP INPATIENT TOTAL	33	118		169,037.34	1432.52	.264	5122.34	378.16
HSC HOSPITALS	12	39		58,794.00	1507.54	.087	4899.50	131.53
NON-HSC HOSPITAL TOTAL	20	79		109,367.34	1384.40	.177	5468.37	244.67
ACCOMMODATIONS	20	79		26,025.04	329.43	.177	1301.25	58.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	79		26,025.04	329.43	.177	1301.25	58.22
ANCILLARIES	20	0		83,342.30	.00	.000	4167.12	186.45
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	1.96
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	191	1,152		27,550.25	23.92	2.577	144.24	61.63
MEDICAL	73	95		2,750.61	28.95	.213	37.68	6.15
SURGERY	17	21		1,087.96	51.81	.047	64.00	2.43
PATHOLOGY	101	534		5,945.47	11.13	1.195	58.87	13.30
RADIOLOGY	85	124		10,082.96	81.31	.277	118.62	22.56
ROOM USE	113	148		5,042.87	34.07	.331	44.63	11.28
CROSSOVERS/ALL OTH OUTPTNT	89	230		2,640.38	11.48	.515	29.67	5.91
@COUNTY HOSPITAL TOTAL	3	10	\$	4,411.15	\$ 441.12	.022	\$ 1470.38	\$ 9.87
CO HOSPITAL INPATIENT TOTAL	1	3		4,050.00	1350.00	.007	4050.00	9.06
HSC HOSPITALS	1	3		4,050.00	1350.00	.007	4050.00	9.06
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	7		361.15	51.59	.016	120.38	.81
MEDICAL	1	1		125.01	125.01	.002	125.01	.28
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		22.75	11.38	.004	22.75	.05
RADIOLOGY	1	1		127.21	127.21	.002	127.21	.28
ROOM USE	1	2		75.12	37.56	.004	75.12	.17
CROSSOVERS/ALL OTH OUTPTNT	1	1		11.06	11.06	.002	11.06	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,927
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
447 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	207	1,260	\$ 192,176.44	\$ 152.52	2.819	\$ 928.39	\$ 429.92
COMM HOSP INPATIENT TOTAL	32	115	164,987.34	1434.67	.257	5155.85	369.10
HSC HOSPITALS	11	36	54,744.00	1520.67	.081	4976.73	122.47
NON-HSC HOSPITALS TOTAL	20	79	109,367.34	1384.40	.177	5468.37	244.67
ACCOMMODATIONS	20	79	26,025.04	329.43	.177	1301.25	58.22

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	79	26,025.04	329.43	.177	1301.25	58.22
ANCILLARIES	20	0	83,342.30	.00	.000	4167.12	186.45
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	1.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	189	1,145	27,189.10	23.75	2.562	143.86	60.83
MEDICAL	73	94	2,625.60	27.93	.210	35.97	5.87
SURGERY	17	21	1,087.96	51.81	.047	64.00	2.43
PATHOLOGY	100	532	5,922.72	11.13	1.190	59.23	13.25
RADIOLOGY	84	123	9,955.75	80.94	.275	118.52	22.27
ROOM USE	112	146	4,967.75	34.03	.327	44.35	11.11
CROSSOVERS/ALL OTH OUTPTNT	88	229	2,629.32	11.48	.512	29.88	5.88
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	5CR	536.00CR	107.20	.011CR	.00	1.20CR
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	5CR	536.00CR	107.20	.011CR	.00	1.20CR
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	2,933.43	586.69	.011	733.36	6.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5	2,933.43	586.69	.011	733.36	6.56
@REHABILITATION FACILITY	1	3	112.50	37.50	.007	112.50	.25
HOSPITAL BASED	1	3	112.50	37.50	.007	112.50	.25
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	95	1,513.44	15.93	.213	54.05	3.39
PATHOLOGY	27	92	1,490.43	16.20	.206	55.20	3.33
XO AND OTHERS	1	3	23.01	7.67	.007	23.01	.05
@ORGANIZED OUTPATIENT CLINIC	148	254	44,911.62	176.82	.568	303.46	100.47
CLINIC	2	6	76.92	12.82	.013	38.46	.17
SURGICENTER	2	8	479.04	59.88	.018	239.52	1.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	145	240	44,355.66	184.82	.537	305.90	99.23

#CALIF DEPT OF HEALTH SERV MPO024 KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 4,928 03/14/05

447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	48	483	5,002.66	10.36	1.081	104.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	34	453	4,555.23	10.06	1.013	133.98
AMBULANCES/AIR TRANS	34	453	4,555.23	10.06	1.013	133.98
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	.23
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	201.79	12.61	.036	25.22	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	13	140.64	10.82	.029	28.13	.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	15	\$ 1,339.53	\$ 89.30	.034	\$ 267.91	\$ 3.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,929
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,241	14,648	\$ 1,029,393.87	\$ 70.28	16.645	\$ 829.49	\$ 1169.77
@PHYSICIANS SERVICES	487	2,219	\$ 83,356.57	\$ 37.56	2.522	\$ 171.16	\$ 94.72
OUTPATIENT VISITS	155	200	12,425.85	62.13	.227	80.17	14.12
OFFICE VISITS	43	58	2,279.19	39.30	.066	53.00	2.59
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	109	133	9,902.58	74.46	.151	90.85	11.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	125.92	41.97	.003	62.96	.14
OTHER OUTPATIENT	4	6	118.16	19.69	.007	29.54	.13
INPATIENT VISITS	43	116	5,638.92	48.61	.132	131.14	6.41
HOSPITAL VISITS	38	106	4,839.63	45.66	.120	127.36	5.50
CRITICAL CARE	3	4	587.14	146.79	.005	195.71	.67
SNF/ICF/TRANS IP CARE	4	6	212.15	35.36	.007	53.04	.24
OPHTHALMOLOGICAL SERVICES	4	4	179.87	44.97	.005	44.97	.20
EXAMINATIONS	4	4	179.87	44.97	.005	44.97	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	129	11,613.90	90.03	.147	430.14	13.20
PRINCIPAL SURGEON	16	24	9,468.94	394.54	.027	591.81	10.76
ASSISTANT SURGEON	4	4	704.32	176.08	.005	176.08	.80
ANESTHESIOLOGIST	8	101	1,440.64	14.26	.115	180.08	1.64
OUTPATIENT SURGERY	37	250	9,725.53	38.90	.284	262.85	11.05
PRINCIPAL SURGEON	26	32	7,869.59	245.92	.036	302.68	8.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	218	1,855.94	8.51	.248	142.76	2.11
DIALYSIS	8	53	3,204.22	60.46	.060	400.53	3.64
PATHOLOGY	31	52	1,922.37	36.97	.059	62.01	2.18

RADIOLOGY	136	288		9,551.25	33.16	.327	70.23	10.85	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	10	584		20,223.79	34.63	.664	2022.38	22.98	
OTHER SERVICES/ALL X-OVERS	228	543		8,870.87	16.34	.617	38.91	10.08	
@PHARMACY	461	5,133	\$	227,088.70	\$ 44.24	5.833	\$ 492.60	\$ 258.06	
PRESCRIPTION DRUGS	431	2,031		218,027.74	107.35	2.308	505.86	247.76	
SNF/ICF	48	346		23,537.07	68.03	.393	490.36	26.75	
OUTPATIENTS	384	1,685		194,490.67	115.42	1.915	506.49	221.01	
MEDICAL SUPPLIES	67	3,102		9,060.96	2.92	3.525	135.24	10.30	
@DENTIST	50	386	\$	11,357.70	\$ 29.42	.439	\$ 227.15	\$ 12.91	
VISITS - DIAGNOSTIC	36	241		1,584.20	6.57	.274	44.01	1.80	
ORAL SURGERY	8	46		1,977.00	42.98	.052	247.13	2.25	
DRUGS	1	1		.00	.00	.001	.00	.00	
ANESTHESIA	2	2		200.00	100.00	.002	100.00	.23	
PERIODONTICS	6	6		337.00	56.17	.007	56.17	.38	
ENDODONTICS	2	3		805.00	268.33	.003	402.50	.91	
RESTORATIVE DENTISTRY	10	47		2,527.00	53.77	.053	252.70	2.87	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	6	33		3,866.50	117.17	.038	644.42	4.39	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	1		35.00	35.00	.001	35.00	.04	
ALL OTHER SERVICES	3	6		26.00	4.33	.007	8.67	.03	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 4,930
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	77	\$	1,957.57	\$ 25.42	.088	\$ 81.57	\$ 2.22
DIAGNOSTIC AND ANC. PROCED	17	19		755.84	39.78	.022	44.46	.86

EYE APPLIANCES	21	56		1,149.13	20.52	.064	54.72	1.31
OTHER OPTOMETRIC SERVICES	1	2		52.60	26.30	.002	52.60	.06
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	3.26	3.26	.001	3.26	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		3.26	3.26	.001	3.26	.00
@HOME HEALTH AGENCY	14	73	\$	5,287.21	72.43	.083	377.66	6.01
NURSE ANESTHESIST	2	52	\$	650.51	12.51	.059	325.26	.74
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	321	1,952	\$	430,424.40	220.50	2.218	1340.89	489.12
HOSP INPATIENT TOTAL	67	282		390,858.53	1386.02	.320	5833.71	444.16
HSC HOSPITALS	12	39		58,794.00	1507.54	.044	4899.50	66.81
NON-HSC HOSPITAL TOTAL	39	243		320,859.07	1320.41	.276	8227.16	364.61
ACCOMMODATIONS	39	243		103,835.00	427.30	.276	2662.44	117.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	39	243		103,835.00	427.30	.276	2662.44	117.99
ANCILLARIES	39	0		217,024.07	.00	.000	5564.72	246.62
INPATIENT CROSSOVERS	16	0		11,205.46	.00	.000	700.34	12.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	271	1,670		39,565.87	23.69	1.898	146.00	44.96
MEDICAL	89	119		3,380.19	28.40	.135	37.98	3.84
SURGERY	23	30		1,583.62	52.79	.034	68.85	1.80
PATHOLOGY	128	731		7,990.65	10.93	.831	62.43	9.08
RADIOLOGY	108	162		13,573.64	83.79	.184	125.68	15.42
ROOM USE	134	190		6,632.49	34.91	.216	49.50	7.54
CROSSOVERS/ALL OTH OUTPTNT	138	438		6,405.28	14.62	.498	46.42	7.28
@COUNTY HOSPITAL TOTAL	4	13	\$	4,427.25	340.56	.015	1106.81	5.03
CO HOSPITAL INPATIENT TOTAL	1	3		4,050.00	1350.00	.003	4050.00	4.60
HSC HOSPITALS	1	3		4,050.00	1350.00	.003	4050.00	4.60
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10		377.25	37.73	.011	94.31	.43
MEDICAL	1	1		125.01	125.01	.001	125.01	.14
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		22.75	11.38	.002	22.75	.03
RADIOLOGY	1	1		127.21	127.21	.001	127.21	.14
ROOM USE	1	2		75.12	37.56	.002	75.12	.09
CROSSOVERS/ALL OTH OUTPTNT	2	4		27.16	6.79	.005	13.58	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,931
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

880 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	318	1,939	\$	425,997.15	\$ 219.70	2.203	\$ 1339.61	\$ 484.09
COMM HOSP INPATIENT TOTAL	66	279		386,808.53	1386.41	.317	5860.74	439.56
HSC HOSPITALS	11	36		54,744.00	1520.67	.041	4976.73	62.21
NON-HSC HOSPITALS TOTAL	39	243		320,859.07	1320.41	.276	8227.16	364.61
ACCOMMODATIONS	39	243		103,835.00	427.30	.276	2662.44	117.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	39	243		103,835.00	427.30	.276	2662.44	117.99
ANCILLARIES	39	0		217,024.07	.00	.000	5564.72	246.62
INPATIENT CROSSOVERS	16	0		11,205.46	.00	.000	700.34	12.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	268	1,660		39,188.62	23.61	1.886	146.23	44.53
MEDICAL	89	118		3,255.18	27.59	.134	36.58	3.70
SURGERY	23	30		1,583.62	52.79	.034	68.85	1.80
PATHOLOGY	127	729		7,967.90	10.93	.828	62.74	9.05
RADIOLOGY	107	161		13,446.43	83.52	.183	125.67	15.28
ROOM USE	133	188		6,557.37	34.88	.214	49.30	7.45
CROSSOVERS/ALL OTH OUTPTNT	136	434		6,378.12	14.70	.493	46.90	7.25
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	55	1,229	\$	135,321.20	\$ 110.11	1.397	\$ 2460.39	\$ 153.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		567.60	.00	.000	.00	.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	55	1,229		134,753.60	109.64	1.397	2450.07	153.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	283	\$	19,285.96	\$ 68.15	.322	\$ 665.03	\$ 21.92
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	29	283		19,285.96	68.15	.322	665.03	21.92
@REHABILITATION FACILITY	1	3	\$	112.50	\$ 37.50	.003	\$ 112.50	\$.13
HOSPITAL BASED	1	3		112.50	37.50	.003	112.50	.13
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	146	\$	2,291.65	\$ 15.70	.166	\$ 61.94	\$ 2.60
PATHOLOGY	36	143		2,268.64	15.86	.163	63.02	2.58
XO AND OTHERS	1	3		23.01	7.67	.003	23.01	.03
@ORGANIZED OUTPATIENT CLINIC	261	515	\$	76,742.68	\$ 149.01	.585	\$ 294.03	\$ 87.21
CLINIC	2	6		76.92	12.82	.007	38.46	.09
SURGICENTER	5	19		1,658.65	87.30	.022	331.73	1.88
HEROIN DETOX CLINIC	1	23		213.69	9.29	.026	213.69	.24
RURAL HEALTH CLINIC	254	467		74,793.42	160.16	.531	294.46	84.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

PAGE 4,932
03/14/05

	880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	144	2,579	\$	35,513.96	\$ 13.77	2.931	\$ 246.62	\$ 40.36
DURABLE MED. EQUIP.	17	39		14,582.71	373.92	.044	857.81	16.57
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	3	4	1,901.28	475.32	.005	633.76	2.16
MEDICAL TRANSPORTATION	67	1,887	12,373.41	6.56	2.144	184.68	14.06
AMBULANCES/AIR TRANS	48	629	7,082.04	11.26	.715	147.54	8.05
OTHER TRANS	19	1,240	5,211.49	4.20	1.409	274.29	5.92
OTHER SERVICES	4	18	79.88	4.44	.020	19.97	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	38	437.84	11.52	.043	24.32	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	6.45	2.15	.003	3.23	.01
PROSTHETIST/ORTHOTISTS	1	3	225.28	75.09	.003	225.28	.26
PROSTHETICS	1	3	225.28	75.09	.003	225.28	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	1,781.24	296.87	.007	445.31	2.02
HOSPICE SERVICES	1	35	2,846.70	81.33	.040	2846.70	3.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	17	192.28	11.31	.019	32.05	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	546	1,061.77	1.94	.620	33.18	1.21
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	214	1,660	50,640.86	30.51	1.886	236.64	57.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,933
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13

	2,376 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,511	95,786	\$	7,597,165.83	\$ 79.31	40.314	\$ 3025.55	\$ 3197.46
@PHYSICIANS SERVICES	338	665	\$	12,412.09	\$ 18.66	.280	\$ 36.72	\$ 5.22
OUTPATIENT VISITS	2	3		149.96	49.99	.001	74.98	.06
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.000	108.08	.05
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	2		41.88	20.94	.001	41.88	.02
INPATIENT VISITS	24	44		1,285.65	29.22	.019	53.57	.54
HOSPITAL VISITS	2	7		231.30	33.04	.003	115.65	.10
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	23	37		1,054.35	28.50	.016	45.84	.44
OPHTHALMOLOGICAL SERVICES	1	1		8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	1		8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	1CR	28.00CR	28.00	.000	.00	.01CR
RADIOLOGY	1	1	33.05	33.05	.000	33.05	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	314	617	10,963.42	17.77	.260	34.92	4.61
@PHARMACY	2,061	20,166	\$ 914,473.16	\$ 45.35	8.487	\$ 443.70	\$ 384.88
PRESCRIPTION DRUGS	2,055	15,006	910,223.53	60.66	6.316	442.93	383.09
SNF/ICF	1,953	14,318	890,135.07	62.17	6.026	455.78	374.64
OUTPATIENTS	126	688	20,088.46	29.20	.290	159.43	8.45
MEDICAL SUPPLIES	47	5,160	4,249.63	.82	2.172	90.42	1.79
@DENTIST	198	704	\$ 19,700.82	\$ 27.98	.296	\$ 99.50	\$ 8.29
VISITS - DIAGNOSTIC	189	586	9,381.75	16.01	.247	49.64	3.95
ORAL SURGERY	8	27	1,369.00	50.70	.011	171.13	.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.05
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	170.00	85.00	.001	170.00	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	49	83	8,564.00	103.18	.035	174.78	3.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
AID CODE 13							
----- MONTHLY AVERAGE -----							
2,376 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	30	84	\$ 1,380.26	\$ 16.43	.035	\$ 46.01	\$.58
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	25	75	1,307.23	17.43	.032	52.29	.55
OTHER OPTOMETRIC SERVICES	5	9	73.03	8.11	.004	14.61	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	154	229	\$ 656.97	\$ 2.87	.096	\$ 4.27	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	154	229	656.97	2.87	.096	4.27	.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	4	\$ 124.59	\$ 31.15	.002	\$ 62.30	\$.05
@TOTAL HOSPITAL	54	103	\$ 30,094.84	\$ 292.18	.043	\$ 557.31	\$ 12.67
HOSP INPATIENT TOTAL	27	5	28,735.59	5747.12	.002	1064.28	12.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	5	6,169.97	1233.99	.002	6169.97	2.60
ACCOMMODATIONS	1	5	2,086.20	417.24	.002	2086.20	.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,086.20	417.24	.002	2086.20	.88
ANCILLARIES	1	0	4,083.77	.00	.000	4083.77	1.72
INPATIENT CROSSOVERS	26	0	22,565.62	.00	.000	867.91	9.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	98	1,359.25	13.87	.041	48.54	.57
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	29.62	9.87	.001	14.81	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.64	34.64	.000	34.64	.01
CROSSOVERS/ALL OTH OUTPTNT	25	94	1,294.99	13.78	.040	51.80	.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,376 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	54	103	\$ 30,094.84	\$ 292.18	.043	\$ 557.31	\$ 12.67
COMM HOSP INPATIENT TOTAL	27	5	28,735.59	5747.12	.002	1064.28	12.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	5	6,169.97	1233.99	.002	6169.97	2.60
ACCOMMODATIONS	1	5	2,086.20	417.24	.002	2086.20	.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,086.20	417.24	.002	2086.20	.88
ANCILLARIES	1	0	4,083.77	.00	.000	4083.77	1.72
INPATIENT CROSSOVERS	26	0	22,565.62	.00	.000	867.91	9.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	98	1,359.25	13.87	.041	48.54	.57
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	29.62	9.87	.001	14.81	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.64	34.64	.000	34.64	.01
CROSSOVERS/ALL OTH OUTPTNT	25	94	1,294.99	13.78	.040	51.80	.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,144	62,145	\$ 6,502,769.22	\$ 104.64	26.155	\$ 3033.01	\$ 2736.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	6	183	12,913.31	70.56	.077	2152.22	5.43
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	295	161,378.51	547.05	.124	32275.70	67.92
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,135	61,667	6,328,477.40	102.62	25.954	2964.16	2663.50
@INTERMEDIATE CARE FACIL.-DD	13	379	\$ 59,638.18	\$ 157.36	.160	\$ 4587.55	\$ 25.10
ICF DDH	12	361	53,655.17	148.63	.152	4471.26	22.58
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	18	5,983.01	332.39	.008	5983.01	2.52
@HEMODIALYSIS TOTAL	2	3	\$ 1,086.62	\$ 362.21	.001	\$ 543.31	\$.46
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	3	1,086.62	362.21	.001	543.31	.46
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	19	\$ 244.08	\$ 12.85	.008	\$ 22.19	\$.10
PATHOLOGY	10	18	183.83	10.21	.008	18.38	.08
XO AND OTHERS	1	1	60.25	60.25	.000	60.25	.03
@ORGANIZED OUTPATIENT CLINIC	130	279	\$ 6,098.68	\$ 21.86	.117	\$ 46.91	\$ 2.57
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	9	634.23	70.47	.004	211.41	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	128	270	5,464.45	20.24	.114	42.69	2.30

2,376 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	432	11,006	\$ 48,486.32	\$ 4.41	4.632	\$ 112.24	\$ 20.41
DURABLE MED. EQUIP.	28	116	8,964.39	77.28	.049	320.16	3.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	315	5,966	29,841.16	5.00	2.511	94.73	12.56
AMBULANCES/AIR TRANS	65	366	9,194.37	25.12	.154	141.45	3.87
OTHER TRANS	225	5,338	18,366.27	3.44	2.247	81.63	7.73
OTHER SERVICES	54	262	2,280.52	8.70	.110	42.23	.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	7	497.50	71.07	.003	497.50	.21
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	70	854.22	12.20	.029	25.12	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	23	52	57.88	1.11	.022	2.52	.02
PROSTHETIST/ORTHOTISTS	4	6	248.64	41.44	.003	62.16	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	4	6	248.64	41.44	.003	62.16	.10
PSYCHOLOGIST	8	10	289.05	28.91	.004	36.13	.12
SPEECH AND AUDIOLOGY	10	20	1,017.83	50.89	.008	101.78	.43
HOSPICE SERVICES	2	50	4,245.16	84.90	.021	2122.58	1.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	4,709	2,470.49	.52	1.982	65.01	1.04
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	841	6,098	\$ 208,414.57	\$ 34.18	2.566	\$ 247.82	\$ 87.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 4,937
03/14/05

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	462	\$ 42,797.41	\$ 92.64	38.500	\$ 3292.11	\$ 3566.45
@PHYSICIANS SERVICES	2	2	\$ 52.07	\$ 26.04	.167	\$ 26.04	\$ 4.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	2	2		52.07	26.04	.167	26.04	4.34	
@PHARMACY	13	79	\$	5,807.53	\$ 73.51	6.583	\$ 446.73	\$ 483.96	
PRESCRIPTION DRUGS	13	79		5,807.53	73.51	6.583	446.73	483.96	
SNF/ICF	13	79		5,807.53	73.51	6.583	446.73	483.96	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	1	2	\$	75.00	\$ 37.50	.167	\$ 75.00	\$ 6.25	
VISITS - DIAGNOSTIC	1	2		75.00	37.50	.167	75.00	6.25	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 4,938
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND								AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,939
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

	12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	357	\$	36,655.09	\$ 102.68	29.750	\$ 3054.59	\$ 3054.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	357		36,655.09	102.68	29.750	3054.59	3054.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,940
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	22	\$ 207.72	\$ 9.44	1.833	\$ 69.24	\$ 17.31
DURABLE MED. EQUIP.	1	1	98.67	98.67	.083	98.67	8.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	109.05	5.19	1.750	54.53	9.09
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	21	109.05	5.19	1.750	54.53	9.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 114.91	\$ 57.46	.167	\$ 28.73	\$ 9.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,941
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	538	37,850	\$ 2,651,073.71	\$ 70.04	77.881	\$ 4927.65	\$ 5454.88
@PHYSICIANS SERVICES	76	498	\$ 23,568.54	\$ 47.33	1.025	\$ 310.11	\$ 48.49
OUTPATIENT VISITS	2	3	240.16	80.05	.006	120.08	.49
OFFICE VISITS	1	1	24.00	24.00	.002	24.00	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	216.16	108.08	.004	216.16	.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	145	7,640.25	52.69	.298	764.03	15.72
HOSPITAL VISITS	5	73	4,498.91	61.63	.150	899.78	9.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	72	3,141.34	43.63	.148	349.04	6.46
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	110	10,433.82	94.85	.226	2086.76	21.47
PRINCIPAL SURGEON	4	9	7,818.99	868.78	.019	1954.75	16.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	101	2,614.83	25.89	.208	653.71	5.38
OUTPATIENT SURGERY	2	26	1,192.76	45.88	.053	596.38	2.45
PRINCIPAL SURGEON	1	1	296.97	296.97	.002	296.97	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	25	895.79	35.83	.051	447.90	1.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	430.74	71.79	.012	143.58	.89
RADIOLOGY	6	31	1,094.58	35.31	.064	182.43	2.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	69	177	2,536.23	14.33	.364	36.76	5.22
@PHARMACY	481	16,510	\$ 298,099.83	\$ 18.06	33.971	\$ 619.75	\$ 613.37
PRESCRIPTION DRUGS	472	3,336	293,508.87	87.98	6.864	621.84	603.93
SNF/ICF	462	3,254	285,095.46	87.61	6.695	617.09	586.62
OUTPATIENTS	24	82	8,413.41	102.60	.169	350.56	17.31
MEDICAL SUPPLIES	39	13,174	4,590.96	.35	27.107	117.72	9.45
@DENTIST	41	223	\$ 7,509.85	\$ 33.68	.459	\$ 183.17	\$ 15.45
VISITS - DIAGNOSTIC	38	152	2,473.00	16.27	.313	65.08	5.09
ORAL SURGERY	9	38	1,733.00	45.61	.078	192.56	3.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.21
PERIODONTICS	8	13	1,354.00	104.15	.027	169.25	2.79
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.53
RESTORATIVE DENTISTRY	5	6	399.00	66.50	.012	79.80	.82
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	11	11	1,190.85	108.26	.023	108.26	2.45
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,942
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

486 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	11		29	\$		500.40	\$	17.26		.060	\$	45.49	\$	1.03	
DIAGNOSTIC AND ANC. PROCED	2		2			55.46		27.73		.004		27.73		.11	
EYE APPLIANCES	8		23			372.79		16.21		.047		46.60		.77	
OTHER OPTOMETRIC SERVICES	2		4			72.15		18.04		.008		36.08		.15	
@CHIROPRACTOR	0		0	\$		.00	\$	.00		.000	\$	.00	\$	.00	
VISITS	0		0			.00		.00		.000		.00		.00	
OTHER SERVICES	0		0			.00		.00		.000		.00		.00	
@PODIATRIST	9		9	\$		88.64	\$	9.85		.019	\$	9.85	\$	.18	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	9	88.64	9.85	.019	9.85	.18
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	20	135	\$ 161,802.12	\$ 1198.53	.278	\$ 8090.11	\$ 332.93
HOSP INPATIENT TOTAL	10	69	160,793.68	2330.34	.142	16079.37	330.85
HSC HOSPITALS	4	64	151,500.00	2367.19	.132	37875.00	311.73
NON-HSC HOSPITAL TOTAL	1	5	5,022.60	1004.52	.010	5022.60	10.33
ACCOMMODATIONS	1	5	1,539.00	307.80	.010	1539.00	3.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	1,539.00	307.80	.010	1539.00	3.17
ANCILLARIES	1	0	3,483.60	.00	.000	3483.60	7.17
INPATIENT CROSSOVERS	5	0	4,271.08	.00	.000	854.22	8.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	66	1,008.44	15.28	.136	100.84	2.07
MEDICAL	2	4	94.93	23.73	.008	47.47	.20
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	38	503.74	13.26	.078	167.91	1.04
RADIOLOGY	2	2	40.00	20.00	.004	20.00	.08
ROOM USE	2	3	149.31	49.77	.006	74.66	.31
CROSSOVERS/ALL OTH OUTPTNT	9	19	220.46	11.60	.039	24.50	.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,943
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
486 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	20	135	\$ 161,802.12	\$ 1198.53	.278	\$ 8090.11	\$ 332.93
COMM HOSP INPATIENT TOTAL	10	69	160,793.68	2330.34	.142	16079.37	330.85
HSC HOSPITALS	4	64	151,500.00	2367.19	.132	37875.00	311.73
NON-HSC HOSPITALS TOTAL	1	5	5,022.60	1004.52	.010	5022.60	10.33
ACCOMMODATIONS	1	5	1,539.00	307.80	.010	1539.00	3.17

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5		1,539.00	307.80	.010	1539.00	3.17
ANCILLARIES	1	0		3,483.60	.00	.000	3483.60	7.17
INPATIENT CROSSOVERS	5	0		4,271.08	.00	.000	854.22	8.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	66		1,008.44	15.28	.136	100.84	2.07
MEDICAL	2	4		94.93	23.73	.008	47.47	.20
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	38		503.74	13.26	.078	167.91	1.04
RADIOLOGY	2	2		40.00	20.00	.004	20.00	.08
ROOM USE	2	3		149.31	49.77	.006	74.66	.31
CROSSOVERS/ALL OTH OUTPTNT	9	19		220.46	11.60	.039	24.50	.45
@STATE HOSPITAL	12	366	\$	182,573.20	\$ 498.83	.753	\$ 15214.43	\$ 375.67
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366		182,573.20	498.83	.753	15214.43	375.67
@NURSING FACILITY	250	7,395	\$	895,502.56	\$ 121.10	15.216	\$ 3582.01	\$ 1842.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	335		36,119.20	107.82	.689	3611.92	74.32
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	230		145,570.55	632.92	.473	24261.76	299.53
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	234	6,830		713,812.81	104.51	14.053	3050.48	1468.75
@INTERMEDIATE CARE FACIL.-DD	226	6,765	\$	1,044,610.34	\$ 154.41	13.920	\$ 4622.17	\$ 2149.40
ICF DDH	202	6,065		907,030.00	149.55	12.479	4490.25	1866.32
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	24	700		137,580.34	196.54	1.440	5732.51	283.09
@HEMODIALYSIS TOTAL	3	6	\$	3,029.38	\$ 504.90	.012	\$ 1009.79	\$ 6.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	6		3,029.38	504.90	.012	1009.79	6.23
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	11.45	\$ 5.73	.004	\$ 11.45	\$.02
PATHOLOGY	1	2		11.45	5.73	.004	11.45	.02
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	201	489	\$	16,764.82	\$ 34.28	1.006	\$ 83.41	\$ 34.50
CLINIC	1	1		18.12	18.12	.002	18.12	.04
SURGICENTER	25	78		2,997.51	38.43	.160	119.90	6.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	193	410		13,749.19	33.53	.844	71.24	28.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,944
MPO024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----								
486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	106	5,423	\$ 17,012.58	\$ 3.14	11.158	\$ 160.50	\$ 35.01	
DURABLE MED. EQUIP.	10	114	6,143.28	53.89	.235	614.33	12.64	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	2	50.00	25.00	.004	50.00	.10	
MEDICAL TRANSPORTATION	48	1,192	5,552.66	4.66	2.453	115.68	11.43	
AMBULANCES/AIR TRANS	13	145	1,979.76	13.65	.298	152.29	4.07	
OTHER TRANS	31	970	3,180.08	3.28	1.996	102.58	6.54	
OTHER SERVICES	10	77	392.82	5.10	.158	39.28	.81	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	193.88	10.77	.037	24.24	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	3.63	.91	.008	1.21	.01
PROSTHETIST/ORTHOTISTS	2	3	57.17	19.06	.006	28.59	.12
PROSTHETICS	1	1	57.17	57.17	.002	57.17	.12
ORTHOTICS	1	2	.00	.00	.004	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.002	31.08	.06
SPEECH AND AUDIOLOGY	14	43	2,113.19	49.14	.088	150.94	4.35
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	41.60	10.40	.008	41.60	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	4,042	2,826.09	.70	8.317	100.93	5.82
@CALIF. CHILDREN SERVICES*	6	318	\$ 170,801.43	\$ 537.11	.654	\$ 28466.91	\$ 351.44
@XOVER EXCLUDING STATE HOSP**	152	357	\$ 18,774.35	\$ 52.59	.735	\$ 123.52	\$ 38.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,945
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,946
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,947
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSTOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 4,949

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

					----- MONTHLY AVERAGE -----			
2,874 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,062	134,098	\$ 10,291,036.95	\$ 76.74	46.659	\$ 3360.89	\$ 3580.74	
@PHYSICIANS SERVICES	416	1,165	\$ 36,032.70	\$ 30.93	.405	\$ 86.62	\$ 12.54	
OUTPATIENT VISITS	4	6	390.12	65.02	.002	97.53	.14	
OFFICE VISITS	1	1	24.00	24.00	.000	24.00	.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	3	324.24	108.08	.001	162.12	.11	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	1	2	41.88	20.94	.001	41.88	.01	
INPATIENT VISITS	34	189	8,925.90	47.23	.066	262.53	3.11	
HOSPITAL VISITS	7	80	4,730.21	59.13	.028	675.74	1.65	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	32	109	4,195.69	38.49	.038	131.12	1.46	
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00	
EXAMINATIONS	1	1	8.01	8.01	.000	8.01	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	5	110	10,433.82	94.85	.038	2086.76	3.63	
PRINCIPAL SURGEON	4	9	7,818.99	868.78	.003	1954.75	2.72	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	101	2,614.83	25.89	.035	653.71	.91	

[illegible]

KINGS COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

2,874 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	41	113	\$ 1,880.66	\$ 16.64	.039	\$ 45.87	\$.65
DIAGNOSTIC AND ANC. PROCED	2	2	55.46	27.73	.001	27.73	.02
EYE APPLIANCES	33	98	1,680.02	17.14	.034	50.91	.58
OTHER OPTOMETRIC SERVICES	7	13	145.18	11.17	.005	20.74	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	163	238	\$ 745.61	\$ 3.13	.083	\$ 4.57	\$.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	163	238	745.61	3.13	.083	4.57	.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	4	\$ 124.59	\$ 31.15	.001	\$ 62.30	\$.04
@TOTAL HOSPITAL	74	238	\$ 191,896.96	\$ 806.29	.083	\$ 2593.20	\$ 66.77
HOSP INPATIENT TOTAL	37	74	189,529.27	2561.21	.026	5122.41	65.95
HSC HOSPITALS	4	64	151,500.00	2367.19	.022	37875.00	52.71
NON-HSC HOSPITAL TOTAL	2	10	11,192.57	1119.26	.003	5596.29	3.89
ACCOMMODATIONS	2	10	3,625.20	362.52	.003	1812.60	1.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,625.20	362.52	.003	1812.60	1.26
ANCILLARIES	2	0	7,567.37	.00	.000	3783.69	2.63
INPATIENT CROSSOVERS	31	0	26,836.70	.00	.000	865.70	9.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	38	164	2,367.69	14.44	.057	62.31	.82
MEDICAL	2	4	94.93	23.73	.001	47.47	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	41	533.36	13.01	.014	106.67	.19
RADIOLOGY	2	2	40.00	20.00	.001	20.00	.01
ROOM USE	3	4	183.95	45.99	.001	61.32	.06
CROSSOVERS/ALL OTH OUTPTNT	34	113	1,515.45	13.41	.039	44.57	.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,874 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	74	238	\$ 191,896.96	\$ 806.29	.083	\$ 2593.20	\$ 66.77
COMM HOSP INPATIENT TOTAL	37	74	189,529.27	2561.21	.026	5122.41	65.95
HSC HOSPITALS	4	64	151,500.00	2367.19	.022	37875.00	52.71
NON-HSC HOSPITALS TOTAL	2	10	11,192.57	1119.26	.003	5596.29	3.89
ACCOMMODATIONS	2	10	3,625.20	362.52	.003	1812.60	1.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,625.20	362.52	.003	1812.60	1.26
ANCILLARIES	2	0	7,567.37	.00	.000	3783.69	2.63
INPATIENT CROSSOVERS	31	0	26,836.70	.00	.000	865.70	9.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38	164	2,367.69	14.44	.057	62.31	.82
MEDICAL	2	4	94.93	23.73	.001	47.47	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	41	533.36	13.01	.014	106.67	.19
RADIOLOGY	2	2	40.00	20.00	.001	20.00	.01
ROOM USE	3	4	183.95	45.99	.001	61.32	.06
CROSSOVERS/ALL OTH OUTPTNT	34	113	1,515.45	13.41	.039	44.57	.53
@STATE HOSPITAL	12	366	\$ 182,573.20	\$ 498.83	.127	\$ 15214.43	\$ 63.53
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	182,573.20	498.83	.127	15214.43	63.53
@NURSING FACILITY	2,406	69,897	\$ 7,434,926.87	\$ 106.37	24.320	\$ 3090.16	\$ 2586.96
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	16	518	49,032.51	94.66	.180	3064.53	17.06
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	525	306,949.06	584.66	.183	27904.46	106.80
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,381	68,854	7,078,945.30	102.81	23.958	2973.10	2463.10
@INTERMEDIATE CARE FACIL.-DD	239	7,144	\$ 1,104,248.52	\$ 154.57	2.486	\$ 4620.29	\$ 384.22
ICF DDH	214	6,426	960,685.17	149.50	2.236	4489.18	334.27
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	25	718	143,563.35	199.95	.250	5742.53	49.95
@HEMODIALYSIS TOTAL	5	9	\$ 4,116.00	\$ 457.33	.003	\$ 823.20	\$ 1.43
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	9	4,116.00	457.33	.003	823.20	1.43
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	21	\$ 255.53	\$ 12.17	.007	\$ 21.29	\$.09
PATHOLOGY	11	20	195.28	9.76	.007	17.75	.07
XO AND OTHERS	1	1	60.25	60.25	.000	60.25	.02
@ORGANIZED OUTPATIENT CLINIC	331	768	\$ 22,863.50	\$ 29.77	.267	\$ 69.07	\$ 7.96
CLINIC	1	1	18.12	18.12	.000	18.12	.01
SURGICENTER	28	87	3,631.74	41.74	.030	129.71	1.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	321	680	19,213.64	28.26	.237	59.86	6.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,952
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

2,874 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	541	16,451	\$ 65,706.62	\$ 3.99	5.724	\$ 121.45	\$ 22.86
DURABLE MED. EQUIP.	39	231	15,206.34	65.83	.080	389.91	5.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.001	50.00	.02
MEDICAL TRANSPORTATION	365	7,179	35,502.87	4.95	2.498	97.27	12.35
AMBULANCES/AIR TRANS	78	511	11,174.13	21.87	.178	143.26	3.89
OTHER TRANS	258	6,329	21,655.40	3.42	2.202	83.94	7.53
OTHER SERVICES	64	339	2,673.34	7.89	.118	41.77	.93
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	7	497.50	71.07	.002	497.50	.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	88	1,048.10	11.91	.031	24.95	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	26	56	61.51	1.10	.019	2.37	.02
PROSTHETIST/ORTHOTISTS	6	9	305.81	33.98	.003	50.97	.11
PROSTHETICS	1	1	57.17	57.17	.000	57.17	.02
ORTHOTICS	5	8	248.64	31.08	.003	49.73	.09
PSYCHOLOGIST	9	11	320.13	29.10	.004	35.57	.11
SPEECH AND AUDIOLOGY	24	63	3,131.02	49.70	.022	130.46	1.09
HOSPICE SERVICES	2	50	4,245.16	84.90	.017	2122.58	1.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	41.60	10.40	.001	41.60	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	66	8,751	5,296.58	.61	3.045	80.25	1.84
@CALIF. CHILDREN SERVICES*	6	318	170,801.43	\$ 537.11	.111	\$ 28466.91	\$ 59.43
@XOVER EXCLUDING STATE HOSP**	997	6,457	\$ 227,303.83	\$ 35.20	2.247	\$ 227.99	\$ 79.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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7,705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,278	149,475	\$ 9,923,776.21	\$ 66.39	19.400	\$ 1363.53	\$ 1287.97
@PHYSICIANS SERVICES	1,288	6,394	\$ 120,074.01	\$ 18.78	.830	\$ 93.23	\$ 15.58
OUTPATIENT VISITS	125	153	8,849.57	57.84	.020	70.80	1.15
OFFICE VISITS	60	70	2,751.95	39.31	.009	45.87	.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	60	72	5,882.94	81.71	.009	98.05	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	11	214.68	19.52	.001	23.85	.03
INPATIENT VISITS	59	170	6,749.74	39.70	.022	114.40	.88
HOSPITAL VISITS	35	120	4,258.19	35.48	.016	121.66	.55
CRITICAL CARE	1	11	1,337.60	121.60	.001	1337.60	.17
SNF/ICF/TRANS IP CARE	25	39	1,153.95	29.59	.005	46.16	.15
OPHTHALMOLOGICAL SERVICES	13	12	422.21	35.18	.002	32.48	.05

EXAMINATIONS	13	12		422.21	35.18	.002	32.48	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	183		13,523.88	73.90	.024	587.99	1.76
PRINCIPAL SURGEON	15	22		10,684.92	485.68	.003	712.33	1.39
ASSISTANT SURGEON	1	1		374.53	374.53	.000	374.53	.05
ANESTHESIOLOGIST	9	160		2,464.43	15.40	.021	273.83	.32
OUTPATIENT SURGERY	32	127		16,883.28	132.94	.016	527.60	2.19
PRINCIPAL SURGEON	24	34		15,146.36	445.48	.004	631.10	1.97
ASSISTANT SURGEON	1	1		223.38	223.38	.000	223.38	.03
ANESTHESIOLOGIST	9	92		1,513.54	16.45	.012	168.17	.20
DIALYSIS	13	51		3,937.85	77.21	.007	302.91	.51
PATHOLOGY	20	37		1,620.62	43.80	.005	81.03	.21
RADIOLOGY	144	337		10,560.57	31.34	.044	73.34	1.37
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		24.57	6.14	.001	12.29	.00
OTHER SERVICES/ALL X-OVERS	1,046	5,320		57,501.72	10.81	.690	54.97	7.46
@PHARMACY	5,748	54,751	\$	2,086,861.70	\$ 38.12	7.106	\$ 363.06	\$ 270.85
PRESCRIPTION DRUGS	5,666	30,242		2,048,809.18	67.75	3.925	361.60	265.91
SNF/ICF	2,066	15,244		948,403.08	62.21	1.978	459.05	123.09
OUTPATIENTS	3,628	14,998		1,100,406.10	73.37	1.947	303.31	142.82
MEDICAL SUPPLIES	450	24,509		38,052.52	1.55	3.181	84.56	4.94
@DENTIST	390	1,707	\$	65,656.07	\$ 38.46	.222	\$ 168.35	\$ 8.52
VISITS - DIAGNOSTIC	298	1,161		14,650.30	12.62	.151	49.16	1.90
ORAL SURGERY	59	183		9,007.45	49.22	.024	152.67	1.17
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.03
PERIODONTICS	12	13		1,224.50	94.19	.002	102.04	.16
ENDODONTICS	12	12		3,035.00	252.92	.002	252.92	.39
RESTORATIVE DENTISTRY	37	75		7,139.00	95.19	.010	192.95	.93
PROSTHETICS	3	3		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	104	252		30,301.75	120.25	.033	291.36	3.93
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		98.07	98.07	.000	98.07	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	5		.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	7,705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	172	497	\$	10,085.66	\$ 20.29	.065	\$ 58.64	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	50	54		2,271.64	42.07	.007	45.43	.29
EYE APPLIANCES	140	409		7,104.26	17.37	.053	50.74	.92
OTHER OPTOMETRIC SERVICES	24	34		709.76	20.88	.004	29.57	.09
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	173	258	\$	811.39	\$ 3.14	.033	\$ 4.69	\$.11
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	173	258		811.39	3.14	.033	4.69	.11
@HOME HEALTH AGENCY	6	68	\$	4,596.71	\$ 67.60	.009	\$ 766.12	\$.60
NURSE ANESTHESIST	2	8	\$	185.58	\$ 23.20	.001	\$ 92.79	\$.02

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	\$	124.59	\$	31.15	.001	\$	62.30	\$	.02
@TOTAL HOSPITAL	541	2,409	\$	367,852.35	\$	152.70	.313	\$	679.95	\$	47.74
HOSP INPATIENT TOTAL	119	157		316,068.98		2013.18	.020		2656.04		41.02
HSC HOSPITALS	5	23		31,693.48		1377.98	.003		6338.70		4.11
NON-HSC HOSPITAL TOTAL	23	134		213,011.33		1589.64	.017		9261.36		27.65
ACCOMMODATIONS	23	134		55,740.83		415.98	.017		2423.51		7.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	134		55,740.83		415.98	.017		2423.51		7.23
ANCILLARIES	23	0		157,270.50		.00	.000		6837.85		20.41
INPATIENT CROSSOVERS	91	0		71,364.17		.00	.000		784.22		9.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	439	2,252		51,783.37		22.99	.292		117.96		6.72
MEDICAL	76	114		5,627.52		49.36	.015		74.05		.73
SURGERY	15	16		1,200.80		75.05	.002		80.05		.16
PATHOLOGY	162	893		11,151.70		12.49	.116		68.84		1.45
RADIOLOGY	93	135		10,673.75		79.06	.018		114.77		1.39
ROOM USE	77	110		5,236.53		47.60	.014		68.01		.68
CROSSOVERS/ALL OTH OUTPTNT	261	984		17,893.07		18.18	.128		68.56		2.32
@COUNTY HOSPITAL TOTAL	1	3	\$	16.10	\$	5.37	.000	\$	16.10	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.000	16.10	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	16.10	5.37	.000	16.10	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

7,705 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	540	2,406	\$ 367,836.25	\$ 152.88	.312	\$ 681.18	\$ 47.74		
COMM HOSP INPATIENT TOTAL	119	157	316,068.98	2013.18	.020	2656.04	41.02		
HSC HOSPITALS	5	23	31,693.48	1377.98	.003	6338.70	4.11		
NON-HSC HOSPITALS TOTAL	23	134	213,011.33	1589.64	.017	9261.36	27.65		
ACCOMMODATIONS	23	134	55,740.83	415.98	.017	2423.51	7.23		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	23	134	55,740.83	415.98	.017	2423.51	7.23		
ANCILLARIES	23	0	157,270.50	.00	.000	6837.85	20.41		
INPATIENT CROSSOVERS	91	0	71,364.17	.00	.000	784.22	9.26		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	438	2,249	51,767.27	23.02	.292	118.19	6.72		
MEDICAL	76	114	5,627.52	49.36	.015	74.05	.73		
SURGERY	15	16	1,200.80	75.05	.002	80.05	.16		
PATHOLOGY	162	893	11,151.70	12.49	.116	68.84	1.45		
RADIOLOGY	93	135	10,673.75	79.06	.018	114.77	1.39		
ROOM USE	77	110	5,236.53	47.60	.014	68.01	.68		
CROSSOVERS/ALL OTH OUTPTNT	260	981	17,876.97	18.22	.127	68.76	2.32		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	2,272	64,873	\$ 6,875,075.89	\$ 105.98	8.420	\$ 3026.00	\$ 892.29		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	6	183	12,913.31	70.56	.024	2152.22	1.68		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE HSPTL BASED	5	295	161,378.51	547.05	.038	32275.70	20.94		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	2,263	64,395	6,700,784.07	104.06	8.358	2961.02	869.67		
@INTERMEDIATE CARE FACIL.-DD	13	379	\$ 59,638.18	\$ 157.36	.049	\$ 4587.55	\$ 7.74		
ICF DDH	12	361	53,655.17	148.63	.047	4471.26	6.96		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	1	18	5,983.01	332.39	.002	5983.01	.78		
@HEMODIALYSIS TOTAL	30	600	\$ 34,592.05	\$ 57.65	.078	\$ 1153.07	\$ 4.49		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
HEMODIALYSIS CENTER	30	600	34,592.05	57.65	.078	1153.07	4.49		
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00		
@LABORATORY FACILITY	67	181	\$ 2,748.11	\$ 15.18	.023	\$ 41.02	\$.36		
PATHOLOGY	57	167	2,519.96	15.09	.022	44.21	.33		
XO AND OTHERS	10	14	228.15	16.30	.002	22.82	.03		
@ORGANIZED OUTPATIENT CLINIC	1,363	2,434	\$ 184,412.62	\$ 75.77	.316	\$ 135.30	\$ 23.93		
CLINIC	4	8	176.33	22.04	.001	44.08	.02		

SURGICENTER	42	84	8,375.52	99.71	.011	199.42	1.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,328	2,342	175,860.77	75.09	.304	132.43	22.82

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,956
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

7,705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,035	14,912	\$ 111,061.30	\$ 7.45	1.935	\$ 107.31	\$ 14.41
DURABLE MED. EQUIP.	51	162	21,596.06	133.31	.021	423.45	2.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	52	7,558.70	145.36	.007	229.05	.98
MEDICAL TRANSPORTATION	403	7,919	39,712.68	5.01	1.028	98.54	5.15
AMBULANCES/AIR TRANS	99	731	13,881.70	18.99	.095	140.22	1.80
OTHER TRANS	265	6,787	22,911.34	3.38	.881	86.46	2.97
OTHER SERVICES	76	401	2,919.64	7.28	.052	38.42	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	7	497.50	71.07	.001	497.50	.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	23	2,597.06	112.92	.003	324.63	.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	151	328	3,987.87	12.16	.043	26.41	.52
PHYSICAL THERAPIST	1	13	174.48	13.42	.002	174.48	.02
PORTABLE X-RAY	26	56	66.12	1.18	.007	2.54	.01
PROSTHETIST/ORTHOTISTS	9	15	461.40	30.76	.002	51.27	.06
PROSTHETICS	5	9	212.76	23.64	.001	42.55	.03
ORTHOTICS	4	6	248.64	41.44	.001	62.16	.03
PSYCHOLOGIST	9	11	346.09	31.46	.001	38.45	.04
SPEECH AND AUDIOLOGY	29	54	7,153.87	132.48	.007	246.69	.93
HOSPICE SERVICES	6	115	10,708.21	93.11	.015	1784.70	1.39
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	387	6,157	16,201.26	2.63	.799	41.86	2.10
@CALIF. CHILDREN SERVICES*	1	2	\$ 795.63	\$ 397.82	.000	\$ 795.63	\$ 1.10
@XOVER EXCLUDING STATE HOSP**	2,021	17,126	\$ 406,428.34	\$ 23.73	2.223	\$ 201.10	\$ 52.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,957
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	583	\$ 51,969.84	\$ 89.14	24.292	\$ 2474.75	\$ 2165.41
@PHYSICIANS SERVICES	6	6	\$ 316.75	\$ 52.79	.250	\$ 52.79	\$ 13.20
OUTPATIENT VISITS	2	2	48.00	24.00	.083	24.00	2.00
OFFICE VISITS	2	2	48.00	24.00	.083	24.00	2.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		210.53	210.53	.042	210.53	8.77
PRINCIPAL SURGEON	1	1		210.53	210.53	.042	210.53	8.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		58.22	19.41	.125	19.41	2.43
@PHARMACY	18	107	\$	6,124.85	\$ 57.24	4.458	\$ 340.27	\$ 255.20
PRESCRIPTION DRUGS	18	93		5,964.11	64.13	3.875	331.34	248.50
SNF/ICF	13	79		5,807.53	73.51	3.292	446.73	241.98
OUTPATIENTS	5	14		156.58	11.18	.583	31.32	6.52
MEDICAL SUPPLIES	3	14		160.74	11.48	.583	53.58	6.70
@DENTIST	1	2	\$	75.00	\$ 37.50	.083	\$ 75.00	\$ 3.13
VISITS - DIAGNOSTIC	1	2		75.00	37.50	.083	75.00	3.13
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,958
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	23	\$	1,497.26	\$ 65.10	.958	\$ 748.63	\$ 62.39
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	4	\$	48.28	\$ 12.07	.167	\$ 24.14	\$ 2.01
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4		48.28	12.07	.167	24.14	2.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		48.28	12.07	.167	24.14	2.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,959
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$	48.28	\$ 12.07	.167	\$ 24.14	\$ 2.01
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4		48.28	12.07	.167	24.14	2.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		48.28	12.07	.167	24.14	2.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	357	\$	36,655.09	\$ 102.68	14.875	\$ 3054.59	\$ 1527.30
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	357		36,655.09	102.68	14.875	3054.59	1527.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	12.55	\$	6.28	.083	\$ 12.55	\$.52
PATHOLOGY	1	2		12.55		6.28	.083	12.55	.52
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	575.35	\$	82.19	.292	\$ 115.07	\$ 23.97
CLINIC	2	3		32.47		10.82	.125	16.24	1.35
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4		542.88		135.72	.167	180.96	22.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,960
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5		75	\$ 6,664.71	\$ 88.86	3.125	\$ 1332.94	\$ 277.70
DURABLE MED. EQUIP.	1		1	98.67	98.67	.042	98.67	4.11
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2		21	109.05	5.19	.875	54.53	4.54
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	2		21	109.05	5.19	.875	54.53	4.54
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2		53	6,456.99	121.83	2.208	3228.50	269.04
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4		2	\$ 114.91	\$ 57.46	.083	\$ 28.73	\$ 4.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,961
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

	3,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,308		91,531	\$ 5,118,293.53	\$ 55.92	30.490	\$ 1547.25	\$ 1704.96
@PHYSICIANS SERVICES	802		5,147	\$ 171,225.56	\$ 33.27	1.715	\$ 213.50	\$ 57.04

OUTPATIENT VISITS	177	279		14,738.35	52.83	.093	83.27	4.91
OFFICE VISITS	79	108		3,283.49	30.40	.036	41.56	1.09
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	93	153		11,011.93	71.97	.051	118.41	3.67
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	18		442.93	24.61	.006	29.53	.15
INPATIENT VISITS	84	549		24,470.63	44.57	.183	291.32	8.15
HOSPITAL VISITS	73	444		20,108.54	45.29	.148	275.46	6.70
CRITICAL CARE	1	1		121.60	121.60	.000	121.60	.04
SNF/ICF/TRANS IP CARE	17	104		4,240.49	40.77	.035	249.44	1.41
OPHTHALMOLOGICAL SERVICES	19	22		925.01	42.05	.007	48.68	.31
EXAMINATIONS	19	22		925.01	42.05	.007	48.68	.31
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	211		24,607.95	116.63	.070	793.80	8.20
PRINCIPAL SURGEON	25	46		20,823.05	452.68	.015	832.92	6.94
ASSISTANT SURGEON	1	1		162.14	162.14	.000	162.14	.05
ANESTHESIOLOGIST	10	164		3,622.76	22.09	.055	362.28	1.21
OUTPATIENT SURGERY	39	168		17,533.26	104.36	.056	449.57	5.84
PRINCIPAL SURGEON	32	43		14,861.52	345.62	.014	464.42	4.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	125		2,671.74	21.37	.042	205.52	.89
DIALYSIS	11	66		3,742.02	56.70	.022	340.18	1.25
PATHOLOGY	39	110		2,262.12	20.56	.037	58.00	.75
RADIOLOGY	136	333		11,617.65	34.89	.111	85.42	3.87
PSYCHIATRY	1	1		31.08	31.08	.000	31.08	.01
IMMUNIZATION AND INJECTION	25	1,193		41,436.86	34.73	.397	1657.47	13.80
OTHER SERVICES/ALL X-OVERS	533	2,215		29,860.63	13.48	.738	56.02	9.95
@PHARMACY	2,497	41,592	\$	1,222,866.50	\$ 29.40	13.855	\$ 489.73	\$ 407.35
PRESCRIPTION DRUGS	2,431	12,402		1,188,561.18	95.84	4.131	488.92	395.92
SNF/ICF	488	3,435		300,925.89	87.61	1.144	616.65	100.24
OUTPATIENTS	1,960	8,967		887,635.29	98.99	2.987	452.88	295.68
MEDICAL SUPPLIES	320	29,190		34,305.32	1.18	9.724	107.20	11.43
@DENTIST	207	1,210	\$	41,962.43	\$ 34.68	.403	\$ 202.72	\$ 13.98
VISITS - DIAGNOSTIC	148	767		7,767.40	10.13	.255	52.48	2.59
ORAL SURGERY	46	155		7,691.60	49.62	.052	167.21	2.56
DRUGS	1	3		45.00	15.00	.001	45.00	.01
ANESTHESIA	4	5		500.00	100.00	.002	125.00	.17
PERIODONTICS	26	32		2,990.00	93.44	.011	115.00	1.00
ENDODONTICS	14	22		5,130.00	233.18	.007	366.43	1.71
RESTORATIVE DENTISTRY	45	120		8,285.58	69.05	.040	184.12	2.76
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	25	88		8,362.00	95.02	.029	334.48	2.79
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	12	12		1,190.85	99.24	.004	99.24	.40
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	6		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 4,962
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

	3,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	92	281	\$	5,752.69	\$ 20.47	.094	\$ 62.53	\$ 1.92
DIAGNOSTIC AND ANC. PROCED	28	33		1,301.88	39.45	.011	46.50	.43

EYE APPLIANCES	78	231		3,799.23	16.45	.077	48.71	1.27
OTHER OPTOMETRIC SERVICES	12	17		651.58	38.33	.006	54.30	.22
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	10	10	\$	145.84	\$ 14.58	.003	\$ 14.58	\$.05
MEDICINE/INJECTIONS	1	1		57.20	57.20	.000	57.20	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	9	9		88.64	9.85	.003	9.85	.03
@HOME HEALTH AGENCY	27	2,000	\$	64,739.68	\$ 32.37	.666	\$ 2397.77	\$ 21.57
NURSE ANESTHESIST	1	42	\$	521.47	\$ 12.42	.014	\$ 521.47	\$.17
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	378	2,310	\$	734,319.13	\$ 317.89	.769	\$ 1942.64	\$ 244.61
HOSP INPATIENT TOTAL	89	480		695,671.56	1449.32	.160	7816.53	231.74
HSC HOSPITALS	8	83		172,744.00	2081.25	.028	21593.00	57.54
NON-HSC HOSPITAL TOTAL	45	397		495,774.50	1248.80	.132	11017.21	165.15
ACCOMMODATIONS	45	397		184,240.77	464.08	.132	4094.24	61.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	45	397		184,240.77	464.08	.132	4094.24	61.37
ANCILLARIES	45	0		311,533.73	.00	.000	6922.97	103.78
INPATIENT CROSSOVERS	36	0		27,153.06	.00	.000	754.25	9.04
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	305	1,830		38,647.57	21.12	.610	126.71	12.87
MEDICAL	76	151		5,183.55	34.33	.050	68.20	1.73
SURGERY	13	16		861.12	53.82	.005	66.24	.29
PATHOLOGY	127	716		8,565.18	11.96	.239	67.44	2.85
RADIOLOGY	78	105		8,738.62	83.22	.035	112.03	2.91
ROOM USE	91	162		6,304.02	38.91	.054	69.27	2.10
CROSSOVERS/ALL OTH OUTPTNT	169	680		8,995.08	13.23	.227	53.23	3.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

3,002 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	378	2,310	\$	734,319.13	\$ 317.89	.769 \$ 1942.64	\$ 244.61
COMM HOSP INPATIENT TOTAL	89	480		695,671.56	1449.32	.160 7816.53	231.74
HSC HOSPITALS	8	83		172,744.00	2081.25	.028 21593.00	57.54
NON-HSC HOSPITALS TOTAL	45	397		495,774.50	1248.80	.132 11017.21	165.15
ACCOMMODATIONS	45	397		184,240.77	464.08	.132 4094.24	61.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	.00
ALL OTHER ACCOM	45	397		184,240.77	464.08	.132 4094.24	61.37
ANCILLARIES	45	0		311,533.73	.00	.000 6922.97	103.78
INPATIENT CROSSOVERS	36	0		27,153.06	.00	.000 754.25	9.04
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	305	1,830		38,647.57	21.12	.610 126.71	12.87
MEDICAL	76	151		5,183.55	34.33	.050 68.20	1.73
SURGERY	13	16		861.12	53.82	.005 66.24	.29
PATHOLOGY	127	716		8,565.18	11.96	.239 67.44	2.85
RADIOLOGY	78	105		8,738.62	83.22	.035 112.03	2.91
ROOM USE	91	162		6,304.02	38.91	.054 69.27	2.10
CROSSOVERS/ALL OTH OUTPTNT	169	680		8,995.08	13.23	.227 53.23	3.00
@STATE HOSPITAL	12	366	\$	182,573.20	\$ 498.83	.122 \$ 15214.43	\$ 60.82
MENTALLY ILL	0	0		.00	.00	.000 .00	.00
DEVELOP. DISABLED	12	366		182,573.20	498.83	.122 15214.43	60.82
@NURSING FACILITY	285	8,333	\$	1,166,109.68	\$ 139.94	2.776 \$ 4091.61	\$ 388.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000 .00	.00
LEV B-REHAB MD	10	335		36,119.20	107.82	.112 3611.92	12.03
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000 .00	.00
LEV B-SUBACUTE HSPTL BASED	14	538		324,713.81	603.56	.179 23193.84	108.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	.00
LEV B-REGULAR	265	7,460		805,276.67	107.95	2.485 3038.78	268.25
@INTERMEDIATE CARE FACIL.-DD	226	6,765	\$	1,044,610.34	\$ 154.41	2.253 \$ 4622.17	\$ 347.97
ICF DDH	202	6,065		907,030.00	149.55	2.020 4490.25	302.14
ICF DD	0	0		.00	.00	.000 .00	.00
ICF DDN/DDCN	24	700		137,580.34	196.54	.233 5732.51	45.83
@HEMODIALYSIS TOTAL	73	865	\$	65,422.97	\$ 75.63	.288 \$ 896.21	\$ 21.79
HOSPITAL BASED	0	0		.00	.00	.000 .00	.00
HEMODIALYSIS CENTER	73	865		65,422.97	75.63	.288 896.21	21.79
@REHABILITATION FACILITY	1	33	\$	900.40	\$ 27.28	.011 \$ 900.40	\$.30
HOSPITAL BASED	1	33		900.40	27.28	.011 900.40	.30
INDEPENDENT FACILITY	0	0		.00	.00	.000 .00	.00
@LABORATORY FACILITY	49	172	\$	2,767.65	\$ 16.09	.057 \$ 56.48	\$.92
PATHOLOGY	45	166		2,693.39	16.23	.055 59.85	.90
XO AND OTHERS	5	6		74.26	12.38	.002 14.85	.02
@ORGANIZED OUTPATIENT CLINIC	984	2,160	\$	215,751.71	\$ 99.89	.720 \$ 219.26	\$ 71.87
CLINIC	2	4		91.98	23.00	.001 45.99	.03
SURGICENTER	40	114		7,031.44	61.68	.038 175.79	2.34
HEROIN DETOX CLINIC	1	23		213.69	9.29	.008 213.69	.07
RURAL HEALTH CLINIC	960	2,019		208,414.60	103.23	.673 217.10	69.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,964
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

	3,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	472	20,245	\$	198,624.28	\$ 9.81	6.744 \$ 420.81	\$ 66.16
DURABLE MED. EQUIP.	59	234		29,232.81	124.93	.078 495.47	9.74
BLOOD BANK	0	0		.00	.00	.000 .00	.00

HEARING AID DISPENSERS	12	29	2,285.35	78.81	.010	190.45	.76
MEDICAL TRANSPORTATION	129	8,928	29,056.98	3.25	2.974	225.25	9.68
AMBULANCES/AIR TRANS	47	1,102	9,837.25	8.93	.367	209.30	3.28
OTHER TRANS	54	7,632	17,945.53	2.35	2.542	332.32	5.98
OTHER SERVICES	37	194	1,274.20	6.57	.065	34.44	.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	74	5,169.80	69.86	.025	1292.45	1.72
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	11	1,612.00	146.55	.004	322.40	.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	82	175	1,901.93	10.87	.058	23.19	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	42.31	6.04	.002	10.58	.01
PROSTHETIST/ORTHOTISTS	8	16	719.41	44.96	.005	89.93	.24
PROSTHETICS	7	14	719.41	51.39	.005	102.77	.24
ORTHOTICS	1	2	.00	.00	.001	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.000	31.08	.01
SPEECH AND AUDIOLOGY	26	60	4,314.42	71.91	.020	165.94	1.44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	39	341	3,181.43	9.33	.114	81.58	1.06
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	1.409	13629.06	36.32
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	133	6,140	12,044.26	1.96	2.045	90.56	4.01
@CALIF. CHILDREN SERVICES*	10	326	\$ 171,609.62	\$ 526.41	.109	\$ 17160.96	\$ 57.17
@XOVER EXCLUDING STATE HOSP**	701	4,391	\$ 129,652.53	\$ 29.53	1.463	\$ 184.95	\$ 43.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 4,965
03/14/05

KINGS COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

166,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78,903	409,478	\$ 25,947,690.36	\$ 63.37	2.454	\$ 328.86	\$ 155.48
@PHYSICIANS SERVICES	19,018	58,809	\$ 2,334,010.12	\$ 39.69	.352	\$ 122.73	\$ 13.99
OUTPATIENT VISITS	11,969	18,915	785,096.38	41.51	.113	65.59	4.70
OFFICE VISITS	4,686	6,069	181,719.55	29.94	.036	38.78	1.09
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	5,937	6,796	397,420.40	58.48	.041	66.94	2.38
PREVENTIVE CARE	7	7	213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,443	5,544	190,231.29	34.31	.033	131.83	1.14
OTHER OUTPATIENT	438	498	15,486.55	31.10	.003	35.36	.09
INPATIENT VISITS	943	2,782	193,433.21	69.53	.017	205.13	1.16
HOSPITAL VISITS	881	2,117	102,655.85	48.49	.013	116.52	.62
CRITICAL CARE	87	662	90,636.11	136.91	.004	1041.79	.54
SNF/ICF/TRANS IP CARE	2	3	141.25	47.08	.000	70.63	.00
OPHTHALMOLOGICAL SERVICES	103	127	5,367.74	42.27	.001	52.11	.03
EXAMINATIONS	103	127	5,367.74	42.27	.001	52.11	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,149	4,790	549,186.29	114.65	.029	477.97	3.29
PRINCIPAL SURGEON	808	932	457,185.59	490.54	.006	565.82	2.74
ASSISTANT SURGEON	149	150	29,285.78	195.24	.001	196.55	.18
ANESTHESIOLOGIST	328	3,708	62,714.92	16.91	.022	191.20	.38
OUTPATIENT SURGERY	1,351	3,524	206,263.05	58.53	.021	152.67	1.24
PRINCIPAL SURGEON	1,145	1,359	171,052.95	125.87	.008	149.39	1.02
ASSISTANT SURGEON	1	1	101.27	101.27	.000	101.27	.00
ANESTHESIOLOGIST	331	2,164	35,108.83	16.22	.013	106.07	.21
DIALYSIS	20	66	6,107.66	92.54	.000	305.38	.04
PATHOLOGY	1,904	2,878	51,341.82	17.84	.017	26.97	.31
RADIOLOGY	5,326	8,244	250,169.97	30.35	.049	46.97	1.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	433	3,003	115,518.27	38.47	.018	266.79	.69
OTHER SERVICES/ALL X-OVERS	3,736	14,480	171,525.73	11.85	.087	45.91	1.03
@PHARMACY	37,682	129,477	\$ 4,744,217.87	\$ 36.64	.776	\$ 125.90	\$ 28.43
PRESCRIPTION DRUGS	37,133	95,749	4,597,365.35	48.01	.574	123.81	27.55
SNF/ICF	13	201	8,961.48	44.58	.001	689.34	.05
OUTPATIENTS	37,121	95,548	4,588,403.87	48.02	.573	123.61	27.49
MEDICAL SUPPLIES	1,874	33,728	146,852.52	4.35	.202	78.36	.88
@DENTIST	6,373	38,697	\$ 1,105,264.48	\$ 28.56	.232	\$ 173.43	\$ 6.62
VISITS - DIAGNOSTIC	4,944	27,605	337,022.70	12.21	.165	68.17	2.02
ORAL SURGERY	924	2,016	127,329.00	63.16	.012	137.80	.76
DRUGS	39	49	691.00	14.10	.000	17.72	.00
ANESTHESIA	135	135	13,000.00	96.30	.001	96.30	.08
PERIODONTICS	328	349	34,938.10	100.11	.002	106.52	.21
ENDODONTICS	562	923	140,069.49	151.75	.006	249.23	.84
RESTORATIVE DENTISTRY	2,013	6,419	358,643.32	55.87	.038	178.16	2.15
PROSTHETICS	38	41	940.00	22.93	.000	24.74	.01
DENTURES, STAYPLATES	75	347	28,337.80	81.67	.002	377.84	.17
SPACE MAINTAINERS	55	70	7,139.00	101.99	.000	129.80	.04
MAXILLOFACIAL SERVICES	198	204	21,957.54	107.64	.001	110.90	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	327	390	33,270.00	85.31	.002	101.74	.20
ALL OTHER SERVICES	169	148	1,301.00	8.79	.001	7.70	.01

KINGS COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

166,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2,206	6,991	\$ 157,639.23	\$ 22.55	.042	\$ 71.46	\$.94
DIAGNOSTIC AND ANC. PROCED	1,857	2,011	82,815.87	41.18	.012	44.60	.50
EYE APPLIANCES	1,744	4,942	74,094.43	14.99	.030	42.49	.44
OTHER OPTOMETRIC SERVICES	28	38	728.93	19.18	.000	26.03	.00
@CHIROPRACTOR	9	11	\$ 183.92	\$ 16.72	.000	\$ 20.44	\$.00
VISITS	9	11	183.92	16.72	.000	20.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	34	\$ 1,584.70	\$ 46.61	.000	\$ 72.03	\$.01
MEDICINE/INJECTIONS	13	15	488.48	32.57	.000	37.58	.00
SURGERY/ANES.	3	4	696.03	174.01	.000	232.01	.00
RADIO./PATHOLOGY	7	11	190.30	17.30	.000	27.19	.00
OTHER	3	4	209.89	52.47	.000	69.96	.00
@HOME HEALTH AGENCY	174	468	\$ 29,360.33	\$ 62.74	.003	\$ 168.74	\$.18
NURSE ANESTHESIST	118	716	\$ 13,614.16	\$ 19.01	.004	\$ 115.37	\$.08
NURSE MIDWIFE	1	1	\$ 8.08	\$ 8.08	.000	\$ 8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13,113	55,975	\$ 8,075,500.71	\$ 144.27	.335	\$ 615.84	\$ 48.39
HOSP INPATIENT TOTAL	1,235	4,748	6,716,959.59	1414.69	.028	5438.83	40.25
HSC HOSPITALS	268	1,422	2,425,116.40	1705.43	.009	9048.94	14.53
NON-HSC HOSPITAL TOTAL	982	3,326	4,289,215.19	1289.60	.020	4367.84	25.70
ACCOMMODATIONS	979	3,326	1,520,922.07	457.28	.020	1553.55	9.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	979	3,326	1,520,922.07	457.28	.020	1553.55	9.11
ANCILLARIES	982	0	2,768,293.12	.00	.000	2819.04	16.59
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,345	51,227	1,358,541.12	26.52	.307	110.05	8.14
MEDICAL	3,411	5,608	185,224.90	33.03	.034	54.30	1.11
SURGERY	1,228	1,376	58,908.52	42.81	.008	47.97	.35
PATHOLOGY	5,068	21,168	260,067.51	12.29	.127	51.32	1.56
RADIOLOGY	3,561	4,851	342,876.57	70.68	.029	96.29	2.05
ROOM USE	7,175	9,144	375,797.78	41.10	.055	52.38	2.25
CROSSOVERS/ALL OTH OUTPTNT	4,219	9,080	135,665.84	14.94	.054	32.16	.81
@COUNTY HOSPITAL TOTAL	61	217	\$ 54,133.51	\$ 249.46	.001	\$ 887.43	\$.32
CO HOSPITAL INPATIENT TOTAL	11	35	46,218.04	1320.52	.000	4201.64	.28
HSC HOSPITALS	11	35	46,218.04	1320.52	.000	4201.64	.28
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	55	182	7,915.47	43.49	.001	143.92	.05
MEDICAL	20	34	1,789.95	52.65	.000	89.50	.01
SURGERY	6	7	285.59	40.80	.000	47.60	.00
PATHOLOGY	16	45	577.08	12.82	.000	36.07	.00
RADIOLOGY	10	15	1,947.14	129.81	.000	194.71	.01
ROOM USE	38	54	2,292.44	42.45	.000	60.33	.01

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
166,891 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	13,061	55,758	\$ 8,021,367.20	\$ 143.86	.334	\$ 614.15	\$ 48.06
COMM HOSP INPATIENT TOTAL	1,224	4,713	6,670,741.55	1415.39	.028	5449.95	39.97
HSC HOSPITALS	257	1,387	2,378,898.36	1715.14	.008	9256.41	14.25
NON-HSC HOSPITALS TOTAL	982	3,326	4,289,215.19	1289.60	.020	4367.84	25.70
ACCOMMODATIONS	979	3,326	1,520,922.07	457.28	.020	1553.55	9.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	979	3,326	1,520,922.07	457.28	.020	1553.55	9.11
ANCILLARIES	982	0	2,768,293.12	.00	.000	2819.04	16.59
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,297	51,045	1,350,625.65	26.46	.306	109.83	8.09
MEDICAL	3,393	5,574	183,434.95	32.91	.033	54.06	1.10
SURGERY	1,222	1,369	58,622.93	42.82	.008	47.97	.35
PATHOLOGY	5,053	21,123	259,490.43	12.28	.127	51.35	1.55
RADIOLOGY	3,552	4,836	340,929.43	70.50	.029	95.98	2.04
ROOM USE	7,141	9,090	373,505.34	41.09	.054	52.30	2.24
CROSSOVERS/ALL OTH OUTPTNT	4,199	9,053	134,642.57	14.87	.054	32.07	.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	18	487	\$ 244,945.54	\$ 502.97	.003	\$ 13608.09	\$ 1.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	15	424	236,476.28	557.73	.003	15765.09	1.42
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	63	8,469.26	134.43	.000	2823.09	.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	53	1,158	\$ 73,032.91	\$ 63.07	.007	\$ 1377.98	\$.44
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	53	1,158	73,032.91	63.07	.007	1377.98	.44
@REHABILITATION FACILITY	49	161	\$ 5,603.87	\$ 34.81	.001	\$ 114.36	\$.03
HOSPITAL BASED	49	161	5,603.87	34.81	.001	114.36	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5,293	14,310	\$ 245,455.14	\$ 17.15	.086	\$ 46.37	\$ 1.47
PATHOLOGY	5,283	14,294	244,599.13	17.11	.086	46.30	1.47
XO AND OTHERS	15	16	856.01	53.50	.000	57.07	.01
@ORGANIZED OUTPATIENT CLINIC	34,199	60,548	\$ 8,491,630.90	\$ 140.25	.363	\$ 248.30	\$ 50.88
CLINIC	792	2,638	52,224.86	19.80	.016	65.94	.31
SURGICENTER	272	1,422	51,270.03	36.05	.009	188.49	.31
HEROIN DETOX CLINIC	4	66	761.82	11.54	.000	190.46	.00
RURAL HEALTH CLINIC	33,359	56,422	8,387,374.19	148.65	.338	251.43	50.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,968
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

166,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,122	41,635	\$ 425,638.40	\$ 10.22	.249	\$ 52.41	\$ 2.55
DURABLE MED. EQUIP.	130	424	19,049.40	44.93	.003	146.53	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	65	3,627.69	55.81	.000	120.92	.02
MEDICAL TRANSPORTATION	856	18,926	153,019.96	8.09	.113	178.76	.92
AMBULANCES/AIR TRANS	852	18,186	144,049.61	7.92	.109	169.07	.86
OTHER TRANS	4	719	1,619.89	2.25	.004	404.97	.01
OTHER SERVICES	18	21	7,350.46	350.02	.000	408.36	.04
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	338	339	35,595.00	105.00	.002	105.31	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,588	3,368	32,918.38	9.77	.020	20.73	.20
PHYSICAL THERAPIST	25	245	3,600.97	14.70	.001	144.04	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	85	130	12,512.59	96.25	.001	147.21	.07
PROSTHETICS	85	130	12,512.59	96.25	.001	147.21	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.000	265.92	.00
SPEECH AND AUDIOLOGY	66	109	5,821.56	53.41	.001	88.21	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,985	13,696	154,940.92	11.31	.082	31.08	.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	138	4,328	4,242.76	.98	.026	30.74	.03
@CALIF. CHILDREN SERVICES*	526	20,423	\$ 1,556,074.15	\$ 76.19	.122	\$ 2958.32	\$ 9.32
@XOVER EXCLUDING STATE HOSP**	160	1,500	\$ 30,243.05	\$ 20.16	.009	\$ 189.02	\$.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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03/14/05

177,622 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	89,510	651,067	\$ 41,041,729.94	\$ 63.04	3.665	\$ 458.52	\$ 231.06
@PHYSICIANS SERVICES	21,114	70,356	\$ 2,625,626.44	\$ 37.32	.396	\$ 124.35	\$ 14.78
OUTPATIENT VISITS	12,273	19,349	808,732.30	41.80	.109	65.90	4.55
OFFICE VISITS	4,827	6,249	187,802.99	30.05	.035	38.91	1.06
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	6,090	7,021	414,315.27	59.01	.040	68.03	2.33
PREVENTIVE CARE	7	7	213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,443	5,544	190,231.29	34.31	.031	131.83	1.07
OTHER OUTPATIENT	462	527	16,144.16	30.63	.003	34.94	.09
INPATIENT VISITS	1,086	3,501	224,653.58	64.17	.020	206.86	1.26
HOSPITAL VISITS	989	2,681	127,022.58	47.38	.015	128.44	.72
CRITICAL CARE	89	674	92,095.31	136.64	.004	1034.78	.52
SNF/ICF/TRANS IP CARE	44	146	5,535.69	37.92	.001	125.81	.03
OPHTHALMOLOGICAL SERVICES	135	161	6,714.96	41.71	.001	49.74	.04

EXAMINATIONS	135	161	6,714.96	41.71	.001	49.74	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,204	5,185	587,528.65	113.31	.029	487.98	3.31
PRINCIPAL SURGEON	849	1,001	488,904.09	488.42	.006	575.86	2.75
ASSISTANT SURGEON	151	152	29,822.45	196.20	.001	197.50	.17
ANESTHESIOLOGIST	347	4,032	68,802.11	17.06	.023	198.28	.39
OUTPATIENT SURGERY	1,422	3,819	240,679.59	63.02	.022	169.25	1.36
PRINCIPAL SURGEON	1,201	1,436	201,060.83	140.01	.008	167.41	1.13
ASSISTANT SURGEON	2	2	324.65	162.33	.000	162.33	.00
ANESTHESIOLOGIST	353	2,381	39,294.11	16.50	.013	111.31	.22
DIALYSIS	44	183	13,787.53	75.34	.001	313.35	.08
PATHOLOGY	1,963	3,025	55,224.56	18.26	.017	28.13	.31
RADIOLOGY	5,606	8,914	272,348.19	30.55	.050	48.58	1.53
PSYCHIATRY	1	1	31.08	31.08	.000	31.08	.00
IMMUNIZATION AND INJECTION	460	4,200	156,979.70	37.38	.024	341.26	.88
OTHER SERVICES/ALL X-OVERS	5,318	22,018	258,946.30	11.76	.124	48.69	1.46
@PHARMACY	45,945	225,927	\$ 8,060,070.92	\$ 35.68	1.272	\$ 175.43	\$ 45.38
PRESCRIPTION DRUGS	45,248	138,486	7,840,699.82	56.62	.780	173.28	44.14
SNF/ICF	2,580	18,959	1,264,097.98	66.68	.107	489.96	7.12
OUTPATIENTS	42,714	119,527	6,576,601.84	55.02	.673	153.97	37.03
MEDICAL SUPPLIES	2,647	87,441	219,371.10	2.51	.492	82.88	1.24
@DENTIST	6,971	41,616	\$ 1,212,957.98	\$ 29.15	.234	\$ 174.00	\$ 6.83
VISITS - DIAGNOSTIC	5,391	29,535	359,515.40	12.17	.166	66.69	2.02
ORAL SURGERY	1,029	2,354	144,028.05	61.18	.013	139.97	.81
DRUGS	40	52	736.00	14.15	.000	18.40	.00
ANESTHESIA	141	142	13,700.00	96.48	.001	97.16	.08
PERIODONTICS	366	394	39,152.60	99.37	.002	106.97	.22
ENDODONTICS	588	957	148,234.49	154.89	.005	252.10	.83
RESTORATIVE DENTISTRY	2,095	6,614	374,067.90	56.56	.037	178.55	2.11
PROSTHETICS	41	44	940.00	21.36	.000	22.93	.01
DENTURES, STAYPLATES	204	687	67,001.55	97.53	.004	328.44	.38
SPACE MAINTAINERS	55	70	7,139.00	101.99	.000	129.80	.04

MAXILLOFACIAL SERVICES	211	217	23,246.46	107.13	.001	110.17	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	327	390	33,270.00	85.31	.002	101.74	.19
ALL OTHER SERVICES	182	159	1,301.00	8.18	.001	7.15	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

177,622 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,470	7,769	\$ 173,477.58	\$ 22.33	.044	\$ 70.23	\$.98
DIAGNOSTIC AND ANC. PROCED	1,935	2,098	86,389.39	41.18	.012	44.65	.49
EYE APPLIANCES	1,962	5,582	84,997.92	15.23	.031	43.32	.48
OTHER OPTOMETRIC SERVICES	64	89	2,090.27	23.49	.001	32.66	.01
@CHIROPRACTOR	9	11	\$ 183.92	\$ 16.72	.000	\$ 20.44	\$.00
VISITS	9	11	183.92	16.72	.000	20.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	205	302	\$ 2,541.93	\$ 8.42	.002	\$ 12.40	\$.01
MEDICINE/INJECTIONS	14	16	545.68	34.11	.000	38.98	.00
SURGERY/ANES.	3	4	696.03	174.01	.000	232.01	.00
RADIO./PATHOLOGY	7	11	190.30	17.30	.000	27.19	.00
OTHER	185	271	1,109.92	4.10	.002	6.00	.01
@HOME HEALTH AGENCY	209	2,559	\$ 100,193.98	\$ 39.15	.014	\$ 479.40	\$.56
NURSE ANESTHESIST	121	766	\$ 14,321.21	\$ 18.70	.004	\$ 118.36	\$.08
NURSE MIDWIFE	1	1	\$ 8.08	\$ 8.08	.000	\$ 8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$ 124.59	\$ 31.15	.000	\$ 62.30	\$.00
@TOTAL HOSPITAL	14,034	60,698	\$ 9,177,720.47	\$ 151.20	.342	\$ 653.96	\$ 51.67
HOSP INPATIENT TOTAL	1,443	5,385	7,728,700.13	1435.23	.030	5355.99	43.51
HSC HOSPITALS	281	1,528	2,629,553.88	1720.91	.009	9357.84	14.80
NON-HSC HOSPITAL TOTAL	1,050	3,857	4,998,001.02	1295.83	.022	4760.00	28.14
ACCOMMODATIONS	1,047	3,857	1,760,903.67	456.55	.022	1681.86	9.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,047	3,857	1,760,903.67	456.55	.022	1681.86	9.91
ANCILLARIES	1,050	0	3,237,097.35	.00	.000	3082.95	18.22
INPATIENT CROSSOVERS	130	0	101,145.23	.00	.000	778.04	.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,091	55,313	1,449,020.34	26.20	.311	110.69	8.16
MEDICAL	3,563	5,873	196,035.97	33.38	.033	55.02	1.10
SURGERY	1,256	1,408	60,970.44	43.30	.008	48.54	.34
PATHOLOGY	5,359	22,781	279,832.67	12.28	.128	52.22	1.58
RADIOLOGY	3,732	5,091	362,288.94	71.16	.029	97.08	2.04
ROOM USE	7,343	9,416	387,338.33	41.14	.053	52.75	2.18
CROSSOVERS/ALL OTH OUTPTNT	4,649	10,744	162,553.99	15.13	.060	34.97	.92
@COUNTY HOSPITAL TOTAL	62	220	\$ 54,149.61	\$ 246.13	.001	\$ 873.38	\$.30
CO HOSPITAL INPATIENT TOTAL	11	35	46,218.04	1320.52	.000	4201.64	.26
HSC HOSPITALS	11	35	46,218.04	1320.52	.000	4201.64	.26
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	56	185	7,931.57	42.87	.001	141.64	.04
MEDICAL	20	34	1,789.95	52.65	.000	89.50	.01
SURGERY	6	7	285.59	40.80	.000	47.60	.00
PATHOLOGY	16	45	577.08	12.82	.000	36.07	.00
RADIOLOGY	10	15	1,947.14	129.81	.000	194.71	.01
ROOM USE	38	54	2,292.44	42.45	.000	60.33	.01
CROSSOVERS/ALL OTH OUTPTNT	22	30	1,039.37	34.65	.000	47.24	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,971
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	177,622 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,981	60,478	\$	9,123,570.86	\$ 150.86	.340	\$ 652.57	\$ 51.37
COMM HOSP INPATIENT TOTAL	1,432	5,350		7,682,482.09	1435.98	.030	5364.86	43.25
HSC HOSPITALS	270	1,493		2,583,335.84	1730.30	.008	9567.91	14.54
NON-HSC HOSPITALS TOTAL	1,050	3,857		4,998,001.02	1295.83	.022	4760.00	28.14
ACCOMMODATIONS	1,047	3,857		1,760,903.67	456.55	.022	1681.86	9.91
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,047	3,857		1,760,903.67	456.55	.022	1681.86	9.91
ANCILLARIES	1,050	0		3,237,097.35	.00	.000	3082.95	18.22
INPATIENT CROSSOVERS	130	0		101,145.23	.00	.000	778.04	.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,042	55,128		1,441,088.77	26.14	.310	110.50	8.11
MEDICAL	3,545	5,839		194,246.02	33.27	.033	54.79	1.09
SURGERY	1,250	1,401		60,684.85	43.32	.008	48.55	.34
PATHOLOGY	5,344	22,736		279,255.59	12.28	.128	52.26	1.57
RADIOLOGY	3,723	5,076		360,341.80	70.99	.029	96.79	2.03
ROOM USE	7,309	9,362		385,045.89	41.13	.053	52.68	2.17
CROSSOVERS/ALL OTH OUTPTNT	4,628	10,714		161,514.62	15.08	.060	34.90	.91
@STATE HOSPITAL	12	366	\$	182,573.20	\$ 498.83	.002	\$ 15214.43	\$ 1.03
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366		182,573.20	498.83	.002	15214.43	1.03
@NURSING FACILITY	2,587	74,050	\$	8,322,786.20	\$ 112.39	.417	\$ 3217.16	\$ 46.86
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	16	518		49,032.51	94.66	.003	3064.53	.28
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	34	1,257		722,568.60	574.84	.007	21252.02	4.07
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,543	72,275		7,551,185.09	104.48	.407	2969.40	42.51
@INTERMEDIATE CARE FACIL.-DD	239	7,144	\$	1,104,248.52	\$ 154.57	.040	\$ 4620.29	\$ 6.22
ICF DDH	214	6,426		960,685.17	149.50	.036	4489.18	5.41
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	25	718		143,563.35	199.95	.004	5742.53	.81
@HEMODIALYSIS TOTAL	156	2,623	\$	173,047.93	\$ 65.97	.015	\$ 1109.28	\$.97
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	156	2,623		173,047.93	65.97	.015	1109.28	.97
@REHABILITATION FACILITY	50	194	\$	6,504.27	\$ 33.53	.001	\$ 130.09	\$.04
HOSPITAL BASED	50	194		6,504.27	33.53	.001	130.09	.04
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5,410	14,665	\$	250,983.45	\$ 17.11	.083	\$ 46.39	\$ 1.41
PATHOLOGY	5,386	14,629		249,825.03	17.08	.082	46.38	1.41
XO AND OTHERS	30	36		1,158.42	32.18	.000	38.61	.01
@ORGANIZED OUTPATIENT CLINIC	36,551	65,149	\$	8,892,370.58	\$ 136.49	.367	\$ 243.29	\$ 50.06
CLINIC	800	2,653		52,525.64	19.80	.015	65.66	.30

SURGICENTER	354	1,620	66,676.99	41.16	.009	188.35	.38
HEROIN DETOX CLINIC	5	89	975.51	10.96	.001	195.10	.01
RURAL HEALTH CLINIC	35,650	60,787	8,772,192.44	144.31	.342	246.06	49.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,972
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
177,622 ELIGIBLES							
@ALL OTHER PROVIDERS	9,634	76,867	\$ 741,988.69	\$ 9.65	.433	\$ 77.02	\$ 4.18
DURABLE MED. EQUIP.	241	821	69,976.94	85.23	.005	290.36	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	75	146	13,471.74	92.27	.001	179.62	.08
MEDICAL TRANSPORTATION	1,390	35,794	221,898.67	6.20	.202	159.64	1.25
AMBULANCES/AIR TRANS	998	20,019	167,768.56	8.38	.113	168.10	.94
OTHER TRANS	325	15,159	42,585.81	2.81	.085	131.03	.24
OTHER SERVICES	131	616	11,544.30	18.74	.003	88.12	.06
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	5	81	5,667.30	69.97	.000	1133.46	.03
GENETIC DISEASE TESTING	338	339	35,595.00	105.00	.002	105.31	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	13	34	4,209.06	123.80	.000	323.77	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,821	3,871	38,808.18	10.03	.022	21.31	.22
PHYSICAL THERAPIST	26	258	3,775.45	14.63	.001	145.21	.02
PORTABLE X-RAY	30	63	108.43	1.72	.000	3.61	.00
PROSTHETIST/ORTHOTISTS	102	161	13,693.40	85.05	.001	134.25	.08
PROSTHETICS	97	153	13,444.76	87.87	.001	138.61	.08
ORTHOTICS	5	8	248.64	31.08	.000	49.73	.00
PSYCHOLOGIST	11	15	643.09	42.87	.000	58.46	.00
SPEECH AND AUDIOLOGY	121	223	17,289.85	77.53	.001	142.89	.10
HOSPICE SERVICES	8	168	17,165.20	102.17	.001	2145.65	.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,024	14,037	158,122.35	11.26	.079	31.47	.89
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	.024	13629.06	.61
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	658	16,625	32,488.28	1.95	.094	49.37	.18
@CALIF. CHILDREN SERVICES*	537	20,751	\$ 1,728,479.40	\$ 83.30	.117	\$ 3218.77	\$ 9.73
@XOVER EXCLUDING STATE HOSP**	2,886	23,019	\$ 566,438.83	\$ 24.61	.130	\$ 196.27	\$ 3.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,973
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
10,381 ELIGIBLES							
@TOTAL, ALL PROVIDERS	6,612	24,479	\$ 1,495,333.28	\$ 61.09	2.358	\$ 226.15	\$ 144.05
@PHYSICIANS SERVICES	1,267	2,886	\$ 117,553.13	\$ 40.73	.278	\$ 92.78	\$ 11.32
OUTPATIENT VISITS	893	1,391	56,958.73	40.95	.134	63.78	5.49
OFFICE VISITS	407	513	16,287.24	31.75	.049	40.02	1.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	391	441	25,961.42	58.87	.042	66.40	2.50
PREVENTIVE CARE	3	3	146.21	48.74	.000	48.74	.01
OB VISITS/COMPRE PERI	97	397	13,378.59	33.70	.038	137.92	1.29

OTHER OUTPATIENT	34	37	1,185.27	32.03	.004	34.86	.11
INPATIENT VISITS	66	141	7,978.28	56.58	.014	120.88	.77
HOSPITAL VISITS	59	127	6,465.06	50.91	.012	109.58	.62
CRITICAL CARE	4	8	1,266.32	158.29	.001	316.58	.12
SNF/ICF/TRANS IP CARE	4	6	246.90	41.15	.001	61.73	.02
OPHTHALMOLOGICAL SERVICES	7	10	408.11	40.81	.001	58.30	.04
EXAMINATIONS	7	10	408.11	40.81	.001	58.30	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	150	21,873.96	145.83	.014	475.52	2.11
PRINCIPAL SURGEON	33	36	18,830.76	523.08	.003	570.63	1.81
ASSISTANT SURGEON	2	2	373.00	186.50	.000	186.50	.04
ANESTHESIOLOGIST	15	112	2,670.20	23.84	.011	178.01	.26
OUTPATIENT SURGERY	68	152	9,158.67	60.25	.015	134.69	.88
PRINCIPAL SURGEON	61	69	7,952.06	115.25	.007	130.36	.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	83	1,206.61	14.54	.008	134.07	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	99	178	2,560.01	14.38	.017	25.86	.25
RADIOLOGY	304	424	10,512.87	24.79	.041	34.58	1.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	19	787.70	41.46	.002	46.34	.08
OTHER SERVICES/ALL X-OVERS	197	421	7,314.80	17.37	.041	37.13	.70
@PHARMACY	2,703	6,800	\$ 249,559.49	\$ 36.70	.655	\$ 92.33	\$ 24.04
PRESCRIPTION DRUGS	2,668	6,186	244,352.02	39.50	.596	91.59	23.54
SNF/ICF	8	71	7,015.16	98.81	.007	876.90	.68
OUTPATIENTS	2,663	6,115	237,336.86	38.81	.589	89.12	22.86
MEDICAL SUPPLIES	108	614	5,207.47	8.48	.059	48.22	.50
@DENTIST	498	3,669	\$ 105,161.04	\$ 28.66	.353	\$ 211.17	\$ 10.13
VISITS - DIAGNOSTIC	396	2,571	33,681.50	13.10	.248	85.05	3.24
ORAL SURGERY	74	182	13,493.00	74.14	.018	182.34	1.30
DRUGS	7	10	180.00	18.00	.001	25.71	.02
ANESTHESIA	16	16	1,700.00	106.25	.002	106.25	.16
PERIODONTICS	11	11	843.00	76.64	.001	76.64	.08
ENDODONTICS	34	80	9,190.00	114.88	.008	270.29	.89
RESTORATIVE DENTISTRY	163	722	39,028.00	54.06	.070	239.44	3.76
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	3	6	675.00	112.50	.001	225.00	.07
MAXILLOFACIAL SERVICES	15	21	2,257.54	107.50	.002	150.50	.22
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	34	3,420.00	100.59	.003	117.93	.33
ALL OTHER SERVICES	11	8	375.00	46.88	.001	34.09	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,974
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

10,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	169	553	\$ 12,233.08	\$ 22.12	.053	\$ 72.39	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	148	166	6,668.17	40.17	.016	45.06	.64
EYE APPLIANCES	138	386	5,553.50	14.39	.037	40.24	.53
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 48.00	\$ 24.00	.000	\$ 24.00	\$.00

MEDICINE/INJECTIONS	2	2		48.00	24.00	.000	24.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	13	\$	778.12	\$ 59.86	.001	\$ 97.27	\$.07
NURSE ANESTHESIST	4	34	\$	806.35	\$ 23.72	.003	\$ 201.59	\$.08
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	827	3,162	\$	373,556.20	\$ 118.14	.305	\$ 451.70	\$ 35.98
HOSP INPATIENT TOTAL	69	226		298,536.17	1320.96	.022	4326.61	28.76
HSC HOSPITALS	27	95		164,383.01	1730.35	.009	6088.26	15.83
NON-HSC HOSPITAL TOTAL	42	131		134,153.16	1024.07	.013	3194.12	12.92
ACCOMMODATIONS	42	131		60,176.01	459.36	.013	1432.76	5.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	131		60,176.01	459.36	.013	1432.76	5.80
ANCILLARIES	42	0		73,977.15	.00	.000	1761.36	7.13
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	782	2,936		75,020.03	25.55	.283	95.93	7.23
MEDICAL	196	297		9,850.33	33.17	.029	50.26	.95
SURGERY	76	87		2,778.24	31.93	.008	36.56	.27
PATHOLOGY	339	1,195		14,461.43	12.10	.115	42.66	1.39
RADIOLOGY	224	301		16,824.92	55.90	.029	75.11	1.62
ROOM USE	491	587		23,091.34	39.34	.057	47.03	2.22
CROSSOVERS/ALL OTH OUTPTNT	255	469		8,013.77	17.09	.045	31.43	.77
@COUNTY HOSPITAL TOTAL	9	28	\$	7,848.15	\$ 280.29	.003	\$ 872.02	\$.76
CO HOSPITAL INPATIENT TOTAL	1	5		6,750.01	1350.00	.000	6750.01	.65
HSC HOSPITALS	1	5		6,750.01	1350.00	.000	6750.01	.65
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	23	1,098.14	47.75	.002	122.02	.11
MEDICAL	2	2	51.28	25.64	.000	25.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	118.84	29.71	.000	39.61	.01
RADIOLOGY	1	1	82.48	82.48	.000	82.48	.01
ROOM USE	5	5	179.39	35.88	.000	35.88	.02
CROSSOVERS/ALL OTH OUTPTNT	5	11	666.15	60.56	.001	133.23	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,975
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

10,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	818	3,134	\$ 365,708.05	\$ 116.69	.302	\$ 447.08	\$ 35.23
COMM HOSP INPATIENT TOTAL	68	221	291,786.16	1320.30	.021	4290.97	28.11
HSC HOSPITALS	26	90	157,633.00	1751.48	.009	6062.81	15.18
NON-HSC HOSPITALS TOTAL	42	131	134,153.16	1024.07	.013	3194.12	12.92
ACCOMMODATIONS	42	131	60,176.01	459.36	.013	1432.76	5.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	131	60,176.01	459.36	.013	1432.76	5.80
ANCILLARIES	42	0	73,977.15	.00	.000	1761.36	7.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	773	2,913	73,921.89	25.38	.281	95.63	7.12
MEDICAL	194	295	9,799.05	33.22	.028	50.51	.94
SURGERY	76	87	2,778.24	31.93	.008	36.56	.27
PATHOLOGY	336	1,191	14,342.59	12.04	.115	42.69	1.38
RADIOLOGY	223	300	16,742.44	55.81	.029	75.08	1.61
ROOM USE	486	582	22,911.95	39.37	.056	47.14	2.21
CROSSOVERS/ALL OTH OUTPTNT	250	458	7,347.62	16.04	.044	29.39	.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	5	\$ 727.03	\$ 145.41	.000	\$ 727.03	\$.07
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	5	727.03	145.41	.000	727.03	.07
@REHABILITATION FACILITY	2	7	\$ 245.79	\$ 35.11	.001	\$ 122.90	\$.02
HOSPITAL BASED	2	7	245.79	35.11	.001	122.90	.02

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	293	770	\$ 12,684.62	\$ 16.47	.074	\$ 43.29	\$ 1.22
PATHOLOGY	291	768	12,565.62	16.36	.074	43.18	1.21
XO AND OTHERS	2	2	119.00	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	3,019	4,737	\$ 597,194.11	\$ 126.07	.456	\$ 197.81	\$ 57.53
CLINIC	50	146	3,390.53	23.22	.014	67.81	.33
SURGICENTER	35	180	6,223.20	34.57	.017	177.81	.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,941	4,411	587,580.38	133.21	.425	199.79	56.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,976
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

10,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	365	1,841	\$ 24,786.32	\$ 13.46	.177	\$ 67.91	\$ 2.39
DURABLE MED. EQUIP.	9	10	754.84	75.48	.001	83.87	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	997	12,609.98	12.65	.096	233.52	1.21
AMBULANCES/AIR TRANS	54	993	8,990.22	9.05	.096	166.49	.87
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	3,619.76	904.94	.000	904.94	.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	132	280	2,341.80	8.36	.027	17.74	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	10	807.25	80.73	.001	269.08	.08
SPEECH AND AUDIOLOGY	3	8	387.51	48.44	.001	129.17	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	136	501	5,433.86	10.85	.048	39.95	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	13	141.08	10.85	.001	14.11	.01
@CALIF. CHILDREN SERVICES*	34	400	\$ 87,878.28	\$ 219.70	.039	\$ 2584.66	\$ 8.47
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,977
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	264	1,532	\$ 101,418.13	\$ 66.20	9.948	\$ 384.16	\$ 658.56
@PHYSICIANS SERVICES	109	318	\$ 14,213.50	\$ 44.70	2.065	\$ 130.40	\$ 92.30

OUTPATIENT VISITS	54	62	4,186.54	67.52	.403	77.53	27.19
OFFICE VISITS	3	4	131.28	32.82	.026	43.76	.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	47	48	3,603.49	75.07	.312	76.67	23.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	4	317.98	79.50	.026	158.99	2.06
OTHER OUTPATIENT	3	6	133.79	22.30	.039	44.60	.87
INPATIENT VISITS	13	28	1,239.42	44.27	.182	95.34	8.05
HOSPITAL VISITS	13	28	1,239.42	44.27	.182	95.34	8.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	64	2,817.87	44.03	.416	216.76	18.30
PRINCIPAL SURGEON	7	7	2,004.73	286.39	.045	286.39	13.02
ASSISTANT SURGEON	1	1	186.50	186.50	.006	186.50	1.21
ANESTHESIOLOGIST	5	56	626.64	11.19	.364	125.33	4.07
OUTPATIENT SURGERY	12	45	2,769.98	61.56	.292	230.83	17.99
PRINCIPAL SURGEON	9	10	2,165.32	216.53	.065	240.59	14.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	35	604.66	17.28	.227	201.55	3.93
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	6	228.92	38.15	.039	45.78	1.49
RADIOLOGY	33	84	2,510.55	29.89	.545	76.08	16.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	21.86	10.93	.013	10.93	.14
OTHER SERVICES/ALL X-OVERS	18	27	438.36	16.24	.175	24.35	2.85
@PHARMACY	56	157	\$ 9,535.19	\$ 60.73	1.019	\$ 170.27	\$ 61.92
PRESCRIPTION DRUGS	54	143	8,778.66	61.39	.929	162.57	57.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	54	143	8,778.66	61.39	.929	162.57	57.00
MEDICAL SUPPLIES	6	14	756.53	54.04	.091	126.09	4.91
@DENTIST	18	92	\$ 2,799.98	\$ 30.43	.597	\$ 155.55	\$ 18.18
VISITS - DIAGNOSTIC	17	55	411.00	7.47	.357	24.18	2.67
ORAL SURGERY	3	6	167.98	28.00	.039	55.99	1.09
DRUGS	2	2	.00	.00	.013	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	1,301.00	260.20	.032	650.50	8.45
RESTORATIVE DENTISTRY	9	23	920.00	40.00	.149	102.22	5.97
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,978
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	12	\$ 233.57	\$ 19.46	.078	\$ 77.86	\$ 1.52
DIAGNOSTIC AND ANC. PROCED	3	3	116.12	38.71	.019	38.71	.75

EYE APPLIANCES	3	9	117.45	13.05	.058	39.15	.76
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	20	201.88	10.09	.130	100.94	1.31
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	83	485	54,413.92	112.19	3.149	655.59	353.34
HOSP INPATIENT TOTAL	10	40	44,616.13	1115.40	.260	4461.61	289.72
HSC HOSPITALS	2	17	16,123.00	948.41	.110	8061.50	104.69
NON-HSC HOSPITAL TOTAL	8	23	28,493.13	1238.83	.149	3561.64	185.02
ACCOMMODATIONS	8	23	7,554.18	328.44	.149	944.27	49.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	23	7,554.18	328.44	.149	944.27	49.05
ANCILLARIES	8	0	20,938.95	.00	.000	2617.37	135.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	445	9,797.79	22.02	2.890	130.64	63.62
MEDICAL	31	51	1,151.67	22.58	.331	37.15	7.48
SURGERY	10	13	234.17	18.01	.084	23.42	1.52
PATHOLOGY	43	180	1,665.09	9.25	1.169	38.72	10.81
RADIOLOGY	30	43	3,720.52	86.52	.279	124.02	24.16
ROOM USE	55	68	1,934.31	28.45	.442	35.17	12.56
CROSSOVERS/ALL OTH OUTPTNT	40	90	1,092.03	12.13	.584	27.30	7.09
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,979
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

154 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	485	\$	54,413.92	\$ 112.19	3.149	\$ 655.59	\$ 353.34
COMM HOSP INPATIENT TOTAL	10	40		44,616.13	1115.40	.260	4461.61	289.72
HSC HOSPITALS	2	17		16,123.00	948.41	.110	8061.50	104.69
NON-HSC HOSPITALS TOTAL	8	23		28,493.13	1238.83	.149	3561.64	185.02
ACCOMMODATIONS	8	23		7,554.18	328.44	.149	944.27	49.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	23		7,554.18	328.44	.149	944.27	49.05
ANCILLARIES	8	0		20,938.95	.00	.000	2617.37	135.97
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	75	445		9,797.79	22.02	2.890	130.64	63.62
MEDICAL	31	51		1,151.67	22.58	.331	37.15	7.48
SURGERY	10	13		234.17	18.01	.084	23.42	1.52
PATHOLOGY	43	180		1,665.09	9.25	1.169	38.72	10.81
RADIOLOGY	30	43		3,720.52	86.52	.279	124.02	24.16
ROOM USE	55	68		1,934.31	28.45	.442	35.17	12.56
CROSSOVERS/ALL OTH OUTPTNT	40	90		1,092.03	12.13	.584	27.30	7.09
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	27.45	\$ 9.15	.019	\$ 27.45	\$.18
PATHOLOGY	1	3		27.45	9.15	.019	27.45	.18
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	61	111	\$	14,560.65	\$ 131.18	.721	\$ 238.70	\$ 94.55
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	61	111		14,560.65	131.18	.721	238.70	94.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,980
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24		334 \$	5,431.99	\$ 16.26	2.169	\$ 226.33	\$ 35.27
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12		307	5,158.95	16.80	1.994	429.91	33.50
AMBULANCES/AIR TRANS	12		306	3,358.95	10.98	1.987	279.91	21.81
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.006	1800.00	11.69
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	4		8	66.56	8.32	.052	16.64	.43
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8		19	206.48	10.87	.123	25.81	1.34
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1		1 \$	41.91	\$ 41.91	.006	\$ 41.91	\$.27
@XOVER EXCLUDING STATE HOSP**	0		0 \$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

10,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,876	26,011	\$ 1,596,751.41	\$ 61.39	2.469	\$ 232.22	\$ 151.57
@PHYSICIANS SERVICES	1,376	3,204	\$ 131,766.63	\$ 41.13	.304	\$ 95.76	\$ 12.51
OUTPATIENT VISITS	947	1,453	61,145.27	42.08	.138	64.57	5.80
OFFICE VISITS	410	517	16,418.52	31.76	.049	40.05	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	438	489	29,564.91	60.46	.046	67.50	2.81
PREVENTIVE CARE	3	3	146.21	48.74	.000	48.74	.01
OB VISITS/COMPRE PERI	99	401	13,696.57	34.16	.038	138.35	1.30
OTHER OUTPATIENT	37	43	1,319.06	30.68	.004	35.65	.13
INPATIENT VISITS	79	169	9,217.70	54.54	.016	116.68	.87
HOSPITAL VISITS	72	155	7,704.48	49.71	.015	107.01	.73
CRITICAL CARE	4	8	1,266.32	158.29	.001	316.58	.12
SNF/ICF/TRANS IP CARE	4	6	246.90	41.15	.001	61.73	.02
OPHTHALMOLOGICAL SERVICES	7	10	408.11	40.81	.001	58.30	.04
EXAMINATIONS	7	10	408.11	40.81	.001	58.30	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	59	214	24,691.83	115.38	.020	418.51	2.34
PRINCIPAL SURGEON	40	43	20,835.49	484.55	.004	520.89	1.98
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.05
ANESTHESIOLOGIST	20	168	3,296.84	19.62	.016	164.84	.31
OUTPATIENT SURGERY	80	197	11,928.65	60.55	.019	149.11	1.13
PRINCIPAL SURGEON	70	79	10,117.38	128.07	.007	144.53	.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	118	1,811.27	15.35	.011	150.94	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	104	184	2,788.93	15.16	.017	26.82	.26
RADIOLOGY	337	508	13,023.42	25.64	.048	38.65	1.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	21	809.56	38.55	.002	42.61	.08
OTHER SERVICES/ALL X-OVERS	215	448	7,753.16	17.31	.043	36.06	.74
@PHARMACY	2,759	6,957	\$ 259,094.68	\$ 37.24	.660	\$ 93.91	\$ 24.59
PRESCRIPTION DRUGS	2,722	6,329	253,130.68	40.00	.601	92.99	24.03
SNF/ICF	8	71	7,015.16	98.81	.007	876.90	.67
OUTPATIENTS	2,717	6,258	246,115.52	39.33	.594	90.58	23.36
MEDICAL SUPPLIES	114	628	5,964.00	9.50	.060	52.32	.57
@DENTIST	516	3,761	\$ 107,961.02	\$ 28.71	.357	\$ 209.23	\$ 10.25
VISITS - DIAGNOSTIC	413	2,626	34,092.50	12.98	.249	82.55	3.24
ORAL SURGERY	77	188	13,660.98	72.66	.018	177.42	1.30
DRUGS	9	12	180.00	15.00	.001	20.00	.02
ANESTHESIA	16	16	1,700.00	106.25	.002	106.25	.16
PERIODONTICS	11	11	843.00	76.64	.001	76.64	.08
ENDODONTICS	36	85	10,491.00	123.42	.008	291.42	1.00
RESTORATIVE DENTISTRY	172	745	39,948.00	53.62	.071	232.26	3.79
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	3	6	675.00	112.50	.001	225.00	.06
MAXILLOFACIAL SERVICES	15	21	2,257.54	107.50	.002	150.50	.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	34	3,420.00	100.59	.003	117.93	.32
ALL OTHER SERVICES	12	9	375.00	41.67	.001	31.25	.04

KINGS COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

10,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	172	565	\$ 12,466.65	\$ 22.06	.054	\$ 72.48	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	151	169	6,784.29	40.14	.016	44.93	.64
EYE APPLIANCES	141	395	5,670.95	14.36	.037	40.22	.54
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 48.00	\$ 24.00	.000	\$ 24.00	\$.00
MEDICINE/INJECTIONS	2	2	48.00	24.00	.000	24.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	13	\$ 778.12	\$ 59.86	.001	\$ 97.27	\$.07
NURSE ANESTHESIST	6	54	\$ 1,008.23	\$ 18.67	.005	\$ 168.04	\$.10
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	910	3,647	\$ 427,970.12	\$ 117.35	.346	\$ 470.30	\$ 40.62
HOSP INPATIENT TOTAL	79	266	343,152.30	1290.05	.025	4343.70	32.57
HSC HOSPITALS	29	112	180,506.01	1611.66	.011	6224.35	17.13
NON-HSC HOSPITAL TOTAL	50	154	162,646.29	1056.14	.015	3252.93	15.44
ACCOMMODATIONS	50	154	67,730.19	439.81	.015	1354.60	6.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	50	154	67,730.19	439.81	.015	1354.60	6.43
ANCILLARIES	50	0	94,916.10	.00	.000	1898.32	9.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	857	3,381	84,817.82	25.09	.321	98.97	8.05
MEDICAL	227	348	11,002.00	31.61	.033	48.47	1.04
SURGERY	86	100	3,012.41	30.12	.009	35.03	.29
PATHOLOGY	382	1,375	16,126.52	11.73	.131	42.22	1.53
RADIOLOGY	254	344	20,545.44	59.73	.033	80.89	1.95
ROOM USE	546	655	25,025.65	38.21	.062	45.83	2.38
CROSSOVERS/ALL OTH OUTPTNT	295	559	9,105.80	16.29	.053	30.87	.86
@COUNTY HOSPITAL TOTAL	9	28	\$ 7,848.15	\$ 280.29	.003	\$ 872.02	\$.74
CO HOSPITAL INPATIENT TOTAL	1	5	6,750.01	1350.00	.000	6750.01	.64
HSC HOSPITALS	1	5	6,750.01	1350.00	.000	6750.01	.64
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	23	1,098.14	47.75	.002	122.02	.10
MEDICAL	2	2	51.28	25.64	.000	25.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	118.84	29.71	.000	39.61	.01
RADIOLOGY	1	1	82.48	82.48	.000	82.48	.01
ROOM USE	5	5	179.39	35.88	.000	35.88	.02

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
10,535 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	901	3,619	\$ 420,121.97	\$ 116.09	.344	\$ 466.28	\$ 39.88
COMM HOSP INPATIENT TOTAL	78	261	336,402.29	1288.90	.025	4312.85	31.93
HSC HOSPITALS	28	107	173,756.00	1623.89	.010	6205.57	16.49
NON-HSC HOSPITALS TOTAL	50	154	162,646.29	1056.14	.015	3252.93	15.44
ACCOMMODATIONS	50	154	67,730.19	439.81	.015	1354.60	6.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	50	154	67,730.19	439.81	.015	1354.60	6.43
ANCILLARIES	50	0	94,916.10	.00	.000	1898.32	9.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	848	3,358	83,719.68	24.93	.319	98.73	7.95
MEDICAL	225	346	10,950.72	31.65	.033	48.67	1.04
SURGERY	86	100	3,012.41	30.12	.009	35.03	.29
PATHOLOGY	379	1,371	16,007.68	11.68	.130	42.24	1.52
RADIOLOGY	253	343	20,462.96	59.66	.033	80.88	1.94
ROOM USE	541	650	24,846.26	38.23	.062	45.93	2.36
CROSSOVERS/ALL OTH OUTPTNT	290	548	8,439.65	15.40	.052	29.10	.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	5	\$ 727.03	\$ 145.41	.000	\$ 727.03	\$.07
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	5	727.03	145.41	.000	727.03	.07
@REHABILITATION FACILITY	2	7	\$ 245.79	\$ 35.11	.001	\$ 122.90	\$.02
HOSPITAL BASED	2	7	245.79	35.11	.001	122.90	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	294	773	\$ 12,712.07	\$ 16.45	.073	\$ 43.24	\$ 1.21
PATHOLOGY	292	771	12,593.07	16.33	.073	43.13	1.20
XO AND OTHERS	2	2	119.00	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	3,080	4,848	\$ 611,754.76	\$ 126.19	.460	\$ 198.62	\$ 58.07
CLINIC	50	146	3,390.53	23.22	.014	67.81	.32
SURGICENTER	35	180	6,223.20	34.57	.017	177.81	.59
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,002	4,522	602,141.03	133.16	.429	200.58	57.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,984
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

10,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	389	2,175	\$ 30,218.31	\$ 13.89	.206	\$ 77.68	\$ 2.87
DURABLE MED. EQUIP.	9	10	754.84	75.48	.001	83.87	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	66	1,304	17,768.93	13.63	.124	269.23	1.69
AMBULANCES/AIR TRANS	66	1,299	12,349.17	9.51	.123	187.11	1.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	5,419.76	1083.95	.000	1083.95	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	136	288	2,408.36	8.36	.027	17.71	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	10	807.25	80.73	.001	269.08	.08
SPEECH AND AUDIOLOGY	3	8	387.51	48.44	.001	129.17	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	144	520	5,640.34	10.85	.049	39.17	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	13	141.08	10.85	.001	14.11	.01
@CALIF. CHILDREN SERVICES*	35	401	\$ 87,920.19	\$ 219.25	.038	\$ 2512.01	\$ 8.35

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,985

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,986
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,987
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,988
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,989
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	295	1,602	\$ 195,022.15	\$ 121.74	8.754	\$ 661.09	\$ 1065.69
@PHYSICIANS SERVICES	109	384	\$ 22,350.58	\$ 58.20	2.098	\$ 205.05	\$ 122.13
OUTPATIENT VISITS	62	199	6,620.05	33.27	1.087	106.78	36.18
OFFICE VISITS	4	5	119.88	23.98	.027	29.97	.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16	997.70	62.36	.087	71.26	5.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	178	5,502.47	30.91	.973	119.62	30.07

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	10	21		1,054.85	50.23	.115	105.49	5.76
HOSPITAL VISITS	10	21		1,054.85	50.23	.115	105.49	5.76
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	59		10,502.19	178.00	.322	437.59	57.39
PRINCIPAL SURGEON	19	20		9,519.14	475.96	.109	501.01	52.02
ASSISTANT SURGEON	3	3		559.50	186.50	.016	186.50	3.06
ANESTHESIOLOGIST	3	36		423.55	11.77	.197	141.18	2.31
OUTPATIENT SURGERY	10	13		637.29	49.02	.071	63.73	3.48
PRINCIPAL SURGEON	10	12		607.43	50.62	.066	60.74	3.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		29.86	29.86	.005	29.86	.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	21	39		835.16	21.41	.213	39.77	4.56
RADIOLOGY	27	40		1,751.86	43.80	.219	64.88	9.57
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		99.52	33.17	.016	49.76	.54
OTHER SERVICES/ALL X-OVERS	10	10		849.66	84.97	.055	84.97	4.64
@PHARMACY	107	251	\$	7,764.39	\$ 30.93	1.372	\$ 72.56	\$ 42.43
PRESCRIPTION DRUGS	100	231		6,421.63	27.80	1.262	64.22	35.09
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	100	231		6,421.63	27.80	1.262	64.22	35.09
MEDICAL SUPPLIES	12	20		1,342.76	67.14	.109	111.90	7.34
@DENTIST	11	45	\$	965.00	\$ 21.44	.246	\$ 87.73	\$ 5.27
VISITS - DIAGNOSTIC	10	33		442.00	13.39	.180	44.20	2.42
ORAL SURGERY	2	2		130.00	65.00	.011	65.00	.71
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	1	1	118.00	118.00	.005	118.00	.64
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	9	275.00	30.56	.049	137.50	1.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 4,990
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
	AID CODE 86						

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$ 180.60	\$ 22.58	.044	\$ 90.30	\$.99
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.011	47.45	.52
EYE APPLIANCES	2	6	85.70	14.28	.033	42.85	.47
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 212.89	\$ 42.58	.027	\$ 53.22	\$ 1.16
NURSE ANESTHESIST	1	5	\$ 125.21	\$ 25.04	.027	\$ 125.21	\$.68
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	74	336	\$ 123,425.52	\$ 367.34	1.836	\$ 1667.91	\$ 674.46
HOSP INPATIENT TOTAL	26	93	116,672.18	1254.54	.508	4487.39	637.55
HSC HOSPITALS	3	10	16,400.00	1640.00	.055	5466.67	89.62
NON-HSC HOSPITAL TOTAL	23	83	100,272.18	1208.10	.454	4359.66	547.94
ACCOMMODATIONS	23	83	39,925.17	481.03	.454	1735.88	218.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	83	39,925.17	481.03	.454	1735.88	218.17
ANCILLARIES	23	0	60,347.01	.00	.000	2623.78	329.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60	243	6,753.34	27.79	1.328	112.56	36.90
MEDICAL	8	13	411.56	31.66	.071	51.45	2.25
SURGERY	8	10	348.46	34.85	.055	43.56	1.90
PATHOLOGY	34	114	1,594.38	13.99	.623	46.89	8.71
RADIOLOGY	13	27	2,059.75	76.29	.148	158.44	11.26
ROOM USE	34	47	1,794.00	38.17	.257	52.76	9.80
CROSSOVERS/ALL OTH OUTPTNT	15	32	545.19	17.04	.175	36.35	2.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,991
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	74	336	\$ 123,425.52	\$ 367.34	1.836	\$ 1667.91	\$ 674.46	
COMM HOSP INPATIENT TOTAL	26	93	116,672.18	1254.54	.508	4487.39	637.55	
HSC HOSPITALS	3	10	16,400.00	1640.00	.055	5466.67	89.62	
NON-HSC HOSPITALS TOTAL	23	83	100,272.18	1208.10	.454	4359.66	547.94	
ACCOMMODATIONS	23	83	39,925.17	481.03	.454	1735.88	218.17	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	23	83	39,925.17	481.03	.454	1735.88	218.17	
ANCILLARIES	23	0	60,347.01	.00	.000	2623.78	329.77	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	60	243	6,753.34	27.79	1.328	112.56	36.90	
MEDICAL	8	13	411.56	31.66	.071	51.45	2.25	
SURGERY	8	10	348.46	34.85	.055	43.56	1.90	
PATHOLOGY	34	114	1,594.38	13.99	.623	46.89	8.71	
RADIOLOGY	13	27	2,059.75	76.29	.148	158.44	11.26	
ROOM USE	34	47	1,794.00	38.17	.257	52.76	9.80	
CROSSOVERS/ALL OTH OUTPTNT	15	32	545.19	17.04	.175	36.35	2.98	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	77	185	\$	3,278.88	\$	17.72	1.011	\$ 42.58	\$ 17.92
PATHOLOGY	77	185		3,278.88		17.72	1.011	42.58	17.92
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	295	\$	34,723.41	\$	117.71	1.612	\$ 312.82	\$ 189.75
CLINIC	1	2		77.12		38.56	.011	77.12	.42
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	111	293		34,646.29		118.25	1.601	312.13	189.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,992
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	88	\$ 1,995.67	\$ 22.68	.481	\$ 124.73	\$ 10.91
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	75	630.67	8.41	.410	210.22	3.45
AMBULANCES/AIR TRANS	3	75	630.67	8.41	.410	210.22	3.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.071	105.00	7.46
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,993
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	295	1,602	\$ 195,022.15	\$ 121.74	8.754	\$ 661.09	\$ 1065.69
@PHYSICIANS SERVICES	109	384	\$ 22,350.58	\$ 58.20	2.098	\$ 205.05	\$ 122.13

OUTPATIENT VISITS	62	199		6,620.05	33.27	1.087	106.78	36.18
OFFICE VISITS	4	5		119.88	23.98	.027	29.97	.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16		997.70	62.36	.087	71.26	5.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	178		5,502.47	30.91	.973	119.62	30.07
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	10	21		1,054.85	50.23	.115	105.49	5.76
HOSPITAL VISITS	10	21		1,054.85	50.23	.115	105.49	5.76
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	59		10,502.19	178.00	.322	437.59	57.39
PRINCIPAL SURGEON	19	20		9,519.14	475.96	.109	501.01	52.02
ASSISTANT SURGEON	3	3		559.50	186.50	.016	186.50	3.06
ANESTHESIOLOGIST	3	36		423.55	11.77	.197	141.18	2.31
OUTPATIENT SURGERY	10	13		637.29	49.02	.071	63.73	3.48
PRINCIPAL SURGEON	10	12		607.43	50.62	.066	60.74	3.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		29.86	29.86	.005	29.86	.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	21	39		835.16	21.41	.213	39.77	4.56
RADIOLOGY	27	40		1,751.86	43.80	.219	64.88	9.57
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		99.52	33.17	.016	49.76	.54
OTHER SERVICES/ALL X-OVERS	10	10		849.66	84.97	.055	84.97	4.64
@PHARMACY	107	251	\$	7,764.39	\$ 30.93	1.372	\$ 72.56	\$ 42.43
PRESCRIPTION DRUGS	100	231		6,421.63	27.80	1.262	64.22	35.09
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	100	231		6,421.63	27.80	1.262	64.22	35.09
MEDICAL SUPPLIES	12	20		1,342.76	67.14	.109	111.90	7.34
@DENTIST	11	45	\$	965.00	\$ 21.44	.246	\$ 87.73	\$ 5.27
VISITS - DIAGNOSTIC	10	33		442.00	13.39	.180	44.20	2.42
ORAL SURGERY	2	2		130.00	65.00	.011	65.00	.71
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.005	118.00	.64
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	9		275.00	30.56	.049	137.50	1.50
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 4,994
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

		----- MONTHLY AVERAGE -----						
183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	8	\$ 180.60	\$ 22.58	.044	\$ 90.30	\$.99	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.011	47.45	.52	

EYE APPLIANCES	2	6		85.70		14.28	.033	42.85	.47
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$	212.89	\$	42.58	.027	\$ 53.22	\$ 1.16
NURSE ANESTHESIST	1	5	\$	125.21	\$	25.04	.027	\$ 125.21	\$.68
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	74	336	\$	123,425.52	\$	367.34	1.836	\$ 1667.91	\$ 674.46
HOSP INPATIENT TOTAL	26	93		116,672.18		1254.54	.508	4487.39	637.55
HSC HOSPITALS	3	10		16,400.00		1640.00	.055	5466.67	89.62
NON-HSC HOSPITAL TOTAL	23	83		100,272.18		1208.10	.454	4359.66	547.94
ACCOMMODATIONS	23	83		39,925.17		481.03	.454	1735.88	218.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	23	83		39,925.17		481.03	.454	1735.88	218.17
ANCILLARIES	23	0		60,347.01		.00	.000	2623.78	329.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60	243		6,753.34		27.79	1.328	112.56	36.90
MEDICAL	8	13		411.56		31.66	.071	51.45	2.25
SURGERY	8	10		348.46		34.85	.055	43.56	1.90
PATHOLOGY	34	114		1,594.38		13.99	.623	46.89	8.71
RADIOLOGY	13	27		2,059.75		76.29	.148	158.44	11.26
ROOM USE	34	47		1,794.00		38.17	.257	52.76	9.80

CROSSOVERS/ALL OTH OUTPTNT	15	32		545.19		17.04	.175	36.35	2.98
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,995
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	336	\$	123,425.52	\$ 367.34	1.836	\$ 1667.91	\$ 674.46
COMM HOSP INPATIENT TOTAL	26	93		116,672.18	1254.54	.508	4487.39	637.55
HSC HOSPITALS	3	10		16,400.00	1640.00	.055	5466.67	89.62
NON-HSC HOSPITALS TOTAL	23	83		100,272.18	1208.10	.454	4359.66	547.94
ACCOMMODATIONS	23	83		39,925.17	481.03	.454	1735.88	218.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	83		39,925.17	481.03	.454	1735.88	218.17
ANCILLARIES	23	0		60,347.01	.00	.000	2623.78	329.77
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	243		6,753.34	27.79	1.328	112.56	36.90
MEDICAL	8	13		411.56	31.66	.071	51.45	2.25
SURGERY	8	10		348.46	34.85	.055	43.56	1.90
PATHOLOGY	34	114		1,594.38	13.99	.623	46.89	8.71
RADIOLOGY	13	27		2,059.75	76.29	.148	158.44	11.26
ROOM USE	34	47		1,794.00	38.17	.257	52.76	9.80
CROSSOVERS/ALL OTH OUTPTNT	15	32		545.19	17.04	.175	36.35	2.98
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	77	185	\$	3,278.88	\$	17.72	1.011	\$ 42.58	\$ 17.92
PATHOLOGY	77	185		3,278.88		17.72	1.011	42.58	17.92
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	295	\$	34,723.41	\$	117.71	1.612	\$ 312.82	\$ 189.75
CLINIC	1	2		77.12		38.56	.011	77.12	.42
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	111	293		34,646.29		118.25	1.601	312.13	189.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,996
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16		88	\$ 1,995.67	\$ 22.68	.481	\$ 124.73	\$ 10.91
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3		75	630.67	8.41	.410	210.22	3.45
AMBULANCES/AIR TRANS	3		75	630.67	8.41	.410	210.22	3.45
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13		13	1,365.00	105.00	.071	105.00	7.46
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,997
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	57	1,210	\$ 114,236.47	\$ 94.41	35.588		\$ 2004.15	\$ 3359.90
@PHYSICIANS SERVICES	14	20	\$ 882.88	\$ 44.14	.588		\$ 63.06	\$ 25.97
OUTPATIENT VISITS	3	4	264.16	66.04	.118		88.05	7.77
OFFICE VISITS	1	2	48.00	24.00	.059		48.00	1.41
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.059		108.08	6.36
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	3	3	221.20	73.73	.088		73.73	6.51
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	1	1	121.60	121.60	.029		121.60	3.58
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.059		49.80	2.93
OPHTHALMOLOGICAL SERVICES	1	2	57.79	28.90	.059		57.79	1.70
EXAMINATIONS	1	2	57.79	28.90	.059		57.79	1.70
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	1	56.34	56.34	.029		56.34	1.66
PRINCIPAL SURGEON	1	1	56.34	56.34	.029		56.34	1.66
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	6	7	222.87	31.84	.206		37.15	6.56
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	60.52	20.17	.088		20.17	1.78
@PHARMACY	42	376	\$ 21,081.05	\$ 56.07	11.059		\$ 501.93	\$ 620.03
PRESCRIPTION DRUGS	42	201	20,508.84	102.03	5.912		488.31	603.20
SNF/ICF	27	138	14,401.16	104.36	4.059		533.38	423.56
OUTPATIENTS	20	63	6,107.68	96.95	1.853		305.38	179.64
MEDICAL SUPPLIES	7	175	572.21	3.27	5.147		81.74	16.83
@DENTIST	5	16	\$ 978.00	\$ 61.13	.471		\$ 195.60	\$ 28.76
VISITS - DIAGNOSTIC	4	6	180.00	30.00	.176		45.00	5.29
ORAL SURGERY	1	3	255.00	85.00	.088		255.00	7.50
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	1	1	215.00	215.00	.029		215.00	6.32
RESTORATIVE DENTISTRY	2	6	328.00	54.67	.176		164.00	9.65
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

KINGS COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 57.20	\$ 57.20	.029	\$ 57.20	\$ 1.68
MEDICINE/INJECTIONS	1	1	57.20	57.20	.029	57.20	1.68
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	16	\$ 274.47	\$ 17.15	.471	\$ 54.89	\$ 8.07
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	16	274.47	17.15	.471	54.89	8.07
MEDICAL	1	1	10.12	10.12	.029	10.12	.30
SURGERY	1	1	43.17	43.17	.029	43.17	1.27
PATHOLOGY	4	10	118.74	11.87	.294	29.69	3.49
RADIOLOGY	1	1	25.89	25.89	.029	25.89	.76
ROOM USE	2	2	68.42	34.21	.059	34.21	2.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.13	8.13	.029	8.13	.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	16	\$ 274.47	\$ 17.15	.471	\$ 54.89	\$ 8.07
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	16	274.47	17.15	.471	54.89	8.07
MEDICAL	1	1	10.12	10.12	.029	10.12	.30
SURGERY	1	1	43.17	43.17	.029	43.17	1.27
PATHOLOGY	4	10	118.74	11.87	.294	29.69	3.49
RADIOLOGY	1	1	25.89	25.89	.029	25.89	.76
ROOM USE	2	2	68.42	34.21	.059	34.21	2.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.13	8.13	.029	8.13	.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	452	\$ 83,561.80	\$ 184.87	13.294	\$ 6427.83	\$ 2457.70
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	1,693.00CR	.00	.000	.00	49.79CR
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	1	72		39,806.80		552.87	2.118	39806.80	1170.79
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	12	380		45,448.00		119.60	11.176	3787.33	1336.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	13	\$	154.43	\$	11.88	.382	\$ 25.74	\$ 4.54
PATHOLOGY	6	13		154.43		11.88	.382	25.74	4.54
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	46	\$	5,612.46	\$	122.01	1.353	\$ 280.62	\$ 165.07
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	20	46		5,612.46		122.01	1.353	280.62	165.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,000
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	270	\$ 1,634.18	\$ 6.05	7.941	\$ 204.27	\$ 48.06
DURABLE MED. EQUIP.	1	1	24.45	24.45	.029	24.45	.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	269	1,609.73	5.98	7.912	229.96	47.35
AMBULANCES/AIR TRANS	7	269	1,609.73	5.98	7.912	229.96	47.35
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,001

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	23	\$ 1,625.29	\$ 70.66	4.600	\$ 270.88	\$ 325.06
@PHYSICIANS SERVICES	2	5	\$ 239.32	\$ 47.86	1.000	\$ 119.66	\$ 47.86
OUTPATIENT VISITS	1	2	90.72	45.36	.400	90.72	18.14
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	90.72	45.36	.400	90.72	18.14
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	111.00	55.50	.400	111.00	22.20
HOSPITAL VISITS	1	2	111.00	55.50	.400	111.00	22.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.60	37.60	.200	37.60	7.52
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,002
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.800	\$ 90.30	\$ 18.06	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.200	47.45	9.49	
EYE APPLIANCES	1	3	42.85	14.28	.600	42.85	8.57	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	3	11	\$ 1,047.28	\$ 95.21	2.200	\$ 349.09	\$ 209.46	
HOSP INPATIENT TOTAL	2	4	867.90	216.98	.800	433.95	173.58	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	2	4	867.90	216.98	.800	433.95	173.58	
ACCOMMODATIONS	2	4	419.77	104.94	.800	209.89	83.95	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	4	419.77	104.94	.800	209.89	83.95	
ANCILLARIES	2	0	448.13	.00	.000	224.07	89.63	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2	7	179.38	25.63	1.400	89.69	35.88	
MEDICAL	1	2	58.00	29.00	.400	58.00	11.60	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	2	2	80.77	40.39	.400	40.39	16.15	
CROSSOVERS/ALL OTH OUTPTNT	1	3	40.61	13.54	.600	40.61	8.12	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,003
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	11	\$ 1,047.28	\$ 95.21	2.200	\$ 349.09	\$ 209.46
COMM HOSP INPATIENT TOTAL	2	4	867.90	216.98	.800	433.95	173.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	4	867.90	216.98	.800	433.95	173.58
ACCOMMODATIONS	2	4	419.77	104.94	.800	209.89	83.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	419.77	104.94	.800	209.89	83.95
ANCILLARIES	2	0	448.13	.00	.000	224.07	89.63
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	179.38	25.63	1.400	89.69	35.88
MEDICAL	1	2	58.00	29.00	.400	58.00	11.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	80.77	40.39	.400	40.39	16.15
CROSSOVERS/ALL OTH OUTPTNT	1	3	40.61	13.54	.600	40.61	8.12
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 231.75	\$ 231.75	.200	\$ 231.75	\$ 46.35
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	231.75	231.75	.200	231.75	46.35

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,004
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 16.64	\$ 8.32	.400 \$ 16.64	\$ 3.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	2	16.64	8.32	.400 16.64	3.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,005
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	63	1,233	\$ 115,861.76	\$ 93.97	31.615	\$ 1839.08	\$ 2970.81
@PHYSICIANS SERVICES	16	25	\$ 1,122.20	\$ 44.89	.641	\$ 70.14	\$ 28.77
OUTPATIENT VISITS	4	6	354.88	59.15	.154	88.72	9.10
OFFICE VISITS	1	2	48.00	24.00	.051	48.00	1.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.051	108.08	5.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	90.72	45.36	.051	90.72	2.33
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	5	332.20	66.44	.128	83.05	8.52
HOSPITAL VISITS	1	2	111.00	55.50	.051	111.00	2.85
CRITICAL CARE	1	1	121.60	121.60	.026	121.60	3.12
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.051	49.80	2.55
OPHTHALMOLOGICAL SERVICES	1	2	57.79	28.90	.051	57.79	1.48
EXAMINATIONS	1	2	57.79	28.90	.051	57.79	1.48
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	56.34	56.34	.026	56.34	1.44
PRINCIPAL SURGEON	1	1	56.34	56.34	.026	56.34	1.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	7	222.87	31.84	.179	37.15	5.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4	98.12	24.53	.103	24.53	2.52
@PHARMACY	42	376	\$ 21,081.05	\$ 56.07	9.641	\$ 501.93	\$ 540.54
PRESCRIPTION DRUGS	42	201	20,508.84	102.03	5.154	488.31	525.87
SNF/ICF	27	138	14,401.16	104.36	3.538	533.38	369.26
OUTPATIENTS	20	63	6,107.68	96.95	1.615	305.38	156.61
MEDICAL SUPPLIES	7	175	572.21	3.27	4.487	81.74	14.67
@DENTIST	5	16	\$ 978.00	\$ 61.13	.410	\$ 195.60	\$ 25.08
VISITS - DIAGNOSTIC	4	6	180.00	30.00	.154	45.00	4.62
ORAL SURGERY	1	3	255.00	85.00	.077	255.00	6.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.026	215.00	5.51
RESTORATIVE DENTISTRY	2	6	328.00	54.67	.154	164.00	8.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,006
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.103	\$ 90.30	\$ 2.32
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.026	47.45	1.22
EYE APPLIANCES	1	3	42.85	14.28	.077	42.85	1.10
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 57.20	\$ 57.20	.026	\$ 57.20	\$ 1.47
MEDICINE/INJECTIONS	1	1	57.20	57.20	.026	57.20	1.47
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	8	27	\$ 1,321.75	\$ 48.95	.692	\$ 165.22	\$ 33.89
HOSP INPATIENT TOTAL	2	4	867.90	216.98	.103	433.95	22.25
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	4	867.90	216.98	.103	433.95	22.25
ACCOMMODATIONS	2	4	419.77	104.94	.103	209.89	10.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	419.77	104.94	.103	209.89	10.76
ANCILLARIES	2	0	448.13	.00	.000	224.07	11.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	23	453.85	19.73	.590	64.84	11.64
MEDICAL	2	3	68.12	22.71	.077	34.06	1.75
SURGERY	1	1	43.17	43.17	.026	43.17	1.11
PATHOLOGY	4	10	118.74	11.87	.256	29.69	3.04
RADIOLOGY	1	1	25.89	25.89	.026	25.89	.66
ROOM USE	4	4	149.19	37.30	.103	37.30	3.83
CROSSOVERS/ALL OTH OUTPTNT	2	4	48.74	12.19	.103	24.37	1.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,007
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	27	\$ 1,321.75	\$ 48.95	.692	\$ 165.22	\$ 33.89
COMM HOSP INPATIENT TOTAL	2	4	867.90	216.98	.103	433.95	22.25
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	4	867.90	216.98	.103	433.95	22.25
ACCOMMODATIONS	2	4	419.77	104.94	.103	209.89	10.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	419.77	104.94	.103	209.89	10.76
ANCILLARIES	2	0	448.13	.00	.000	224.07	11.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	23	453.85	19.73	.590	64.84	11.64
MEDICAL	2	3	68.12	22.71	.077	34.06	1.75
SURGERY	1	1	43.17	43.17	.026	43.17	1.11
PATHOLOGY	4	10	118.74	11.87	.256	29.69	3.04
RADIOLOGY	1	1	25.89	25.89	.026	25.89	.66
ROOM USE	4	4	149.19	37.30	.103	37.30	3.83
CROSSOVERS/ALL OTH OUTPTNT	2	4	48.74	12.19	.103	24.37	1.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	452	\$ 83,561.80	\$ 184.87	11.590	\$ 6427.83	\$ 2142.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	1,693.00CR	.00	.000	.00	43.41CR
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	72	39,806.80	552.87	1.846	39806.80	1020.69
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	380	45,448.00	119.60	9.744	3787.33	1165.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	13	\$	154.43	\$ 11.88	.333	\$ 25.74	\$ 3.96
PATHOLOGY	6	13		154.43	11.88	.333	25.74	3.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	47	\$	5,844.21	\$ 124.34	1.205	\$ 278.30	\$ 149.85
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	47		5,844.21	124.34	1.205	278.30	149.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,008
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9		272	\$ 1,650.82	\$ 6.07	6.974	\$ 183.42	\$ 42.33
DURABLE MED. EQUIP.	1		1	24.45	24.45	.026	24.45	.63
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7		269	1,609.73	5.98	6.897	229.96	41.28
AMBULANCES/AIR TRANS	7		269	1,609.73	5.98	6.897	229.96	41.28
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	16.64	8.32	.051	16.64	.43
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,009
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,010
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,011
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,012
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	358	2,835	\$ 310,883.91	\$ 109.66	12.770	\$ 868.39	\$ 1400.38
@PHYSICIANS SERVICES	125	409	\$ 23,472.78	\$ 57.39	1.842	\$ 187.78	\$ 105.73
OUTPATIENT VISITS	66	205	6,974.93	34.02	.923	105.68	31.42
OFFICE VISITS	5	7	167.88	23.98	.032	33.58	.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18	1,213.86	67.44	.081	75.87	5.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	47	180	5,593.19	31.07	.811	119.00	25.19
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	26	1,387.05	53.35	.117	99.08	6.25
HOSPITAL VISITS	11	23	1,165.85	50.69	.104	105.99	5.25
CRITICAL CARE	1	1	121.60	121.60	.005	121.60	.55
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.009	49.80	.45
OPHTHALMOLOGICAL SERVICES	1	2	57.79	28.90	.009	57.79	.26
EXAMINATIONS	1	2	57.79	28.90	.009	57.79	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	59	10,502.19	178.00	.266	437.59	47.31
PRINCIPAL SURGEON	19	20	9,519.14	475.96	.090	501.01	42.88
ASSISTANT SURGEON	3	3	559.50	186.50	.014	186.50	2.52
ANESTHESIOLOGIST	3	36	423.55	11.77	.162	141.18	1.91
OUTPATIENT SURGERY	11	14	693.63	49.55	.063	63.06	3.12
PRINCIPAL SURGEON	11	13	663.77	51.06	.059	60.34	2.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	29.86	29.86	.005	29.86	.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	39	835.16	21.41	.176	39.77	3.76
RADIOLOGY	33	47	1,974.73	42.02	.212	59.84	8.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	99.52	33.17	.014	49.76	.45
OTHER SERVICES/ALL X-OVERS	14	14	947.78	67.70	.063	67.70	4.27
@PHARMACY	149	627	\$ 28,845.44	\$ 46.01	2.824	\$ 193.59	\$ 129.93
PRESCRIPTION DRUGS	142	432	26,930.47	62.34	1.946	189.65	121.31
SNF/ICF	27	138	14,401.16	104.36	.622	533.38	64.87
OUTPATIENTS	120	294	12,529.31	42.62	1.324	104.41	56.44
MEDICAL SUPPLIES	19	195	1,914.97	9.82	.878	100.79	8.63
@DENTIST	16	61	\$ 1,943.00	\$ 31.85	.275	\$ 121.44	\$ 8.75
VISITS - DIAGNOSTIC	14	39	622.00	15.95	.176	44.43	2.80
ORAL SURGERY	3	5	385.00	77.00	.023	128.33	1.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.005	118.00	.53
ENDODONTICS	1	1	215.00	215.00	.005	215.00	.97
RESTORATIVE DENTISTRY	4	15	603.00	40.20	.068	150.75	2.72
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

KINGS COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	12	\$ 270.90	\$ 22.58	.054	\$ 90.30	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.014	47.45	.64
EYE APPLIANCES	3	9	128.55	14.28	.041	42.85	.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 57.20	\$ 57.20	.005	\$ 57.20	\$.26
MEDICINE/INJECTIONS	1	1	57.20	57.20	.005	57.20	.26
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 212.89	\$ 42.58	.023	\$ 53.22	\$.96
NURSE ANESTHESIST	1	5	125.21	25.04	.023	125.21	.56
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	82	363	\$ 124,747.27	\$ 343.66	1.635	\$ 1521.31	\$ 561.92
HOSP INPATIENT TOTAL	28	97	117,540.08	1211.75	.437	4197.86	529.46
HSC HOSPITALS	3	10	16,400.00	1640.00	.045	5466.67	73.87
NON-HSC HOSPITAL TOTAL	25	87	101,140.08	1162.53	.392	4045.60	455.59
ACCOMMODATIONS	25	87	40,344.94	463.73	.392	1613.80	181.73
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	87	40,344.94	463.73	.392	1613.80	181.73
ANCILLARIES	25	0	60,795.14	.00	.000	2431.81	273.85
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	67	266	7,207.19	27.09	1.198	107.57	32.46
MEDICAL	10	16	479.68	29.98	.072	47.97	2.16
SURGERY	9	11	391.63	35.60	.050	43.51	1.76
PATHOLOGY	38	124	1,713.12	13.82	.559	45.08	7.72
RADIOLOGY	14	28	2,085.64	74.49	.126	148.97	9.39
ROOM USE	38	51	1,943.19	38.10	.230	51.14	8.75
CROSSOVERS/ALL OTH OUTPTNT	17	36	593.93	16.50	.162	34.94	2.68
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,015
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

	222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	363	\$	124,747.27	\$ 343.66	1.635	\$ 1521.31	\$ 561.92
COMM HOSP INPATIENT TOTAL	28	97		117,540.08	1211.75	.437	4197.86	529.46
HSC HOSPITALS	3	10		16,400.00	1640.00	.045	5466.67	73.87
NON-HSC HOSPITALS TOTAL	25	87		101,140.08	1162.53	.392	4045.60	455.59
ACCOMMODATIONS	25	87		40,344.94	463.73	.392	1613.80	181.73
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	87		40,344.94	463.73	.392	1613.80	181.73
ANCILLARIES	25	0		60,795.14	.00	.000	2431.81	273.85
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	67	266		7,207.19	27.09	1.198	107.57	32.46
MEDICAL	10	16		479.68	29.98	.072	47.97	2.16
SURGERY	9	11		391.63	35.60	.050	43.51	1.76
PATHOLOGY	38	124		1,713.12	13.82	.559	45.08	7.72
RADIOLOGY	14	28		2,085.64	74.49	.126	148.97	9.39
ROOM USE	38	51		1,943.19	38.10	.230	51.14	8.75
CROSSOVERS/ALL OTH OUTPTNT	17	36		593.93	16.50	.162	34.94	2.68
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	452	\$	83,561.80	\$ 184.87	2.036	\$ 6427.83	\$ 376.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		1,693.00CR	.00	.000	.00	7.63CR
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	1	72		39,806.80		552.87	.324	39806.80	179.31
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	12	380		45,448.00		119.60	1.712	3787.33	204.72
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	83	198	\$	3,433.31	\$	17.34	.892	\$ 41.37	\$ 15.47
PATHOLOGY	83	198		3,433.31		17.34	.892	41.37	15.47
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	132	342	\$	40,567.62	\$	118.62	1.541	\$ 307.33	\$ 182.74
CLINIC	1	2		77.12		38.56	.009	77.12	.35
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	132	340		40,490.50		119.09	1.532	306.75	182.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,016
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	360	\$ 3,646.49	\$ 10.13	1.622	\$ 145.86	\$ 16.43
DURABLE MED. EQUIP.	1	1	24.45	24.45	.005	24.45	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	344	2,240.40	6.51	1.550	224.04	10.09
AMBULANCES/AIR TRANS	10	344	2,240.40	6.51	1.550	224.04	10.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.059	105.00	6.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.009	16.64	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,017
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL AGED

22,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,279	592,339	\$ 15,930,775.97	\$ 26.89	26.912	\$ 826.33	\$ 723.80
@PHYSICIANS SERVICES	3,544	18,088	\$ 258,609.86	\$ 14.30	.822	\$ 72.97	\$ 11.75
OUTPATIENT VISITS	146	190	10,176.58	53.56	.009	69.70	.46
OFFICE VISITS	78	101	3,620.92	35.85	.005	46.42	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	64	78	6,340.98	81.29	.004	99.08	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	11	214.68	19.52	.000	23.85	.01
INPATIENT VISITS	62	176	7,090.36	40.29	.008	114.36	.32
HOSPITAL VISITS	38	126	4,598.81	36.50	.006	121.02	.21
CRITICAL CARE	1	11	1,337.60	121.60	.000	1337.60	.06
SNF/ICF/TRANS IP CARE	25	39	1,153.95	29.59	.002	46.16	.05
OPHTHALMOLOGICAL SERVICES	15	13	497.64	38.28	.001	33.18	.02
EXAMINATIONS	15	13	497.64	38.28	.001	33.18	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	195	13,685.28	70.18	.009	570.22	.62
PRINCIPAL SURGEON	15	22	10,684.92	485.68	.001	712.33	.49
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.02
ANESTHESIOLOGIST	10	172	2,625.83	15.27	.008	262.58	.12
OUTPATIENT SURGERY	35	142	17,242.06	121.42	.006	492.63	.78
PRINCIPAL SURGEON	25	37	15,295.32	413.39	.002	611.81	.69
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.01
ANESTHESIOLOGIST	11	104	1,723.36	16.57	.005	156.67	.08
DIALYSIS	17	55	4,838.01	87.96	.002	284.59	.22
PATHOLOGY	27	46	1,714.71	37.28	.002	63.51	.08
RADIOLOGY	157	354	10,848.38	30.65	.016	69.10	.49
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	52	597.43	11.49	.002	85.35	.03
OTHER SERVICES/ALL X-OVERS	3,267	16,865	191,919.41	11.38	.766	58.74	8.72
@PHARMACY	16,003	384,526	\$ 5,450,229.44	\$ 14.17	17.471	\$ 340.58	\$ 247.63
PRESCRIPTION DRUGS	15,664	73,847	5,257,374.80	71.19	3.355	335.63	238.86
SNF/ICF	2,309	17,156	1,073,902.92	62.60	.779	465.09	48.79
OUTPATIENTS	13,405	56,691	4,183,471.88	73.79	2.576	312.08	190.07
MEDICAL SUPPLIES	2,320	310,679	192,854.64	.62	14.115	83.13	8.76
@DENTIST	823	3,949	\$ 155,546.97	\$ 39.39	.179	\$ 189.00	\$ 7.07
VISITS - DIAGNOSTIC	580	2,540	27,333.90	10.76	.115	47.13	1.24
ORAL SURGERY	141	434	21,920.20	50.51	.020	155.46	1.00
DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.02
PERIODONTICS	50	52	5,086.50	97.82	.002	101.73	.23
ENDODONTICS	32	42	8,855.00	210.83	.002	276.72	.40
RESTORATIVE DENTISTRY	115	272	21,213.40	77.99	.012	184.46	.96
PROSTHETICS	9	10	180.00	18.00	.000	20.00	.01
DENTURES, STAYPLATES	213	582	70,314.50	120.82	.026	330.12	3.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	2	2	128.47	64.24	.000	64.24	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	9	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,018
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL AGED

22,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	519	1,451	\$ 28,452.05	\$ 19.61	.066	\$ 54.82	\$ 1.29
DIAGNOSTIC AND ANC. PROCED	96	103	4,204.76	40.82	.005	43.80	.19
EYE APPLIANCES	438	1,232	21,490.60	17.44	.056	49.07	.98
OTHER OPTOMETRIC SERVICES	79	116	2,756.69	23.76	.005	34.89	.13
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	235	385	\$ 1,850.71	\$ 4.81	.017	\$ 7.88	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	235	385	1,850.71	4.81	.017	7.88	.08
@HOME HEALTH AGENCY	7	80	\$ 5,471.66	\$ 68.40	.004	\$ 781.67	\$.25
NURSE ANESTHESIST	5	13	\$ 302.30	\$ 23.25	.001	\$ 60.46	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	4	\$ 124.59	\$ 31.15	.000	\$ 62.30	\$.01
@TOTAL HOSPITAL	1,202	4,764	\$ 934,382.92	\$ 196.13	.216	\$ 777.36	\$ 42.45
HOSP INPATIENT TOTAL	327	399	853,936.64	2140.19	.018	2611.43	38.80
HSC HOSPITALS	9	32	41,007.56	1281.49	.001	4556.40	1.86
NON-HSC HOSPITAL TOTAL	62	367	583,057.79	1588.71	.017	9404.16	26.49
ACCOMMODATIONS	62	367	159,015.48	433.28	.017	2564.77	7.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	367	159,015.48	433.28	.017	2564.77	7.22
ANCILLARIES	62	0	424,042.31	.00	.000	6839.39	19.27
INPATIENT CROSSOVERS	256	0	229,871.29	.00	.000	897.93	10.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	914	4,365	80,446.28	18.43	.198	88.02	3.65
MEDICAL	83	127	6,103.30	48.06	.006	73.53	.28
SURGERY	17	18	1,302.03	72.34	.001	76.59	.06
PATHOLOGY	197	1,034	12,941.01	12.52	.047	65.69	.59
RADIOLOGY	105	148	11,480.31	77.57	.007	109.34	.52
ROOM USE	83	120	5,763.78	48.03	.005	69.44	.26
CROSSOVERS/ALL OTH OUTPTNT	700	2,918	42,855.85	14.69	.133	61.22	1.95
@COUNTY HOSPITAL TOTAL	3	5	\$ 23.47	\$ 4.69	.000	\$ 7.82	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	3	5	23.47	4.69	.000	7.82	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	23.47	4.69	.000	7.82	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,019

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,010 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,199	4,759	\$ 934,359.45	\$ 196.34	.216	\$ 779.28	\$ 42.45
COMM HOSP INPATIENT TOTAL	327	399	853,936.64	2140.19	.018	2611.43	38.80
HSC HOSPITALS	9	32	41,007.56	1281.49	.001	4556.40	1.86
NON-HSC HOSPITALS TOTAL	62	367	583,057.79	1588.71	.017	9404.16	26.49
ACCOMMODATIONS	62	367	159,015.48	433.28	.017	2564.77	7.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	367	159,015.48	433.28	.017	2564.77	7.22
ANCILLARIES	62	0	424,042.31	.00	.000	6839.39	19.27
INPATIENT CROSSOVERS	256	0	229,871.29	.00	.000	897.93	10.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	911	4,360	80,422.81	18.45	.198	88.28	3.65
MEDICAL	83	127	6,103.30	48.06	.006	73.53	.28
SURGERY	17	18	1,302.03	72.34	.001	76.59	.06
PATHOLOGY	197	1,034	12,941.01	12.52	.047	65.69	.59
RADIOLOGY	105	148	11,480.31	77.57	.007	109.34	.52
ROOM USE	83	120	5,763.78	48.03	.005	69.44	.26
CROSSOVERS/ALL OTH OUTPTNT	697	2,913	42,832.38	14.70	.132	61.45	1.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,574	71,050	\$ 7,982,106.36	\$ 112.34	3.228	\$ 3101.05	\$ 362.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	6	183	12,913.31	70.56	.008	2152.22	.59
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	646	364,983.08	564.99	.029	22811.44	16.58
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,559	70,221	7,604,209.97	108.29	3.190	2971.56	345.49
@INTERMEDIATE CARE FACIL.-DD	13	379	\$ 59,638.18	\$ 157.36	.017	\$ 4587.55	\$ 2.71
ICF DDH	12	361	53,655.17	148.63	.016	4471.26	2.44
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	18	5,983.01	332.39	.001	5983.01	.27
@HEMODIALYSIS TOTAL	161	3,196	\$ 130,233.71	\$ 40.75	.145	\$ 808.91	\$ 5.92
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	161	3,196	130,233.71	40.75	.145	808.91	5.92
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	82	271	\$ 3,563.13	\$ 13.15	.012	\$ 43.45	\$.16
PATHOLOGY	66	241	3,240.06	13.44	.011	49.09	.15
XO AND OTHERS	16	30	323.07	10.77	.001	20.19	.01
@ORGANIZED OUTPATIENT CLINIC	4,797	8,681	\$ 499,129.02	\$ 57.50	.394	\$ 104.05	\$ 22.68
CLINIC	13	18	307.94	17.11	.001	23.69	.01
SURGICENTER	136	189	23,604.80	124.89	.009	173.56	1.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,685	8,474	475,216.28	56.08	.385	101.43	21.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,020
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL AGED

	22,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,405	95,500	\$ 421,101.63	\$ 4.41	4.339	\$ 123.67	\$ 19.13
DURABLE MED. EQUIP.	107	251	28,910.34	115.18	.011	270.19	1.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	180	286	38,480.75	134.55	.013	213.78	1.75
MEDICAL TRANSPORTATION	769	41,279	135,200.35	3.28	1.875	175.81	6.14
AMBULANCES/AIR TRANS	154	1,037	21,404.92	20.64	.047	138.99	.97
OTHER TRANS	472	39,117	105,696.08	2.70	1.777	223.93	4.80
OTHER SERVICES	214	1,125	8,099.35	7.20	.051	37.85	.37
ACUPUNCTURE	2	4	86.50	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	7	136	9,490.72	69.78	.006	1355.82	.43
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	210	955	66,696.90	69.84	.043	317.60	3.03
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	442	940	11,514.10	12.25	.043	26.05	.52
PHYSICAL THERAPIST	1	13	174.48	13.42	.001	174.48	.01
PORTABLE X-RAY	37	73	96.15	1.32	.003	2.60	.00
PROSTHETIST/ORTHOTISTS	18	57	1,174.89	20.61	.003	65.27	.05
PROSTHETICS	14	51	926.25	18.16	.002	66.16	.04
ORTHOTICS	4	6	248.64	41.44	.000	62.16	.01
PSYCHOLOGIST	10	12	384.58	32.05	.001	38.46	.02
SPEECH AND AUDIOLOGY	105	200	26,555.23	132.78	.009	252.91	1.21
HOSPICE SERVICES	12	261	28,495.39	109.18	.012	2374.62	1.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,860	51,033	73,841.25	1.45	2.319	39.70	3.35
@CALIF. CHILDREN SERVICES*	1	2	\$ 795.63	\$ 397.82	.000	\$ 795.63	\$.04
@XOVER EXCLUDING STATE HOSP**	6,191	60,333	\$ 1,070,550.49	\$ 17.74	2.741	\$ 172.92	\$ 48.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,021
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

	1,188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,017	43,201	\$	1,198,330.50	\$ 27.74	36.364	\$ 1178.30	\$ 1008.70
@PHYSICIANS SERVICES	323	1,768	\$	55,436.23	\$ 31.36	1.488	\$ 171.63	\$ 46.66
OUTPATIENT VISITS	110	176		9,008.91	51.19	.148	81.90	7.58
OFFICE VISITS	55	73		2,307.27	31.61	.061	41.95	1.94
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	50	73		5,566.33	76.25	.061	111.33	4.69
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	18	30		1,135.31	37.84	.025	63.07	.96
INPATIENT VISITS	26	119		5,803.70	48.77	.100	223.22	4.89
HOSPITAL VISITS	25	74		3,899.36	52.69	.062	155.97	3.28
CRITICAL CARE	1	13		1,580.80	121.60	.011	1580.80	1.33
SNF/ICF/TRANS IP CARE	2	32		323.54	10.11	.027	161.77	.27
OPHTHALMOLOGICAL SERVICES	16	23		951.46	41.37	.019	59.47	.80
EXAMINATIONS	16	23		951.46	41.37	.019	59.47	.80
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	59		4,283.86	72.61	.050	356.99	3.61
PRINCIPAL SURGEON	7	13		3,323.41	255.65	.011	474.77	2.80
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	46		960.45	20.88	.039	160.08	.81
OUTPATIENT SURGERY	31	92		13,119.10	142.60	.077	423.20	11.04
PRINCIPAL SURGEON	26	32		11,765.09	367.66	.027	452.50	9.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	60		1,354.01	22.57	.051	150.45	1.14
DIALYSIS	12	116		6,029.38	51.98	.098	502.45	5.08
PATHOLOGY	17	39		688.76	17.66	.033	40.52	.58
RADIOLOGY	75	136		4,544.32	33.41	.114	60.59	3.83
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6		301.60	50.27	.005	50.27	.25
OTHER SERVICES/ALL X-OVERS	189	1,002		10,705.14	10.68	.843	56.64	9.01
@PHARMACY	828	31,886	\$	420,209.69	\$ 13.18	26.840	\$ 507.50	\$ 353.71
PRESCRIPTION DRUGS	798	4,047		397,203.01	98.15	3.407	497.75	334.35
SNF/ICF	19	118		8,065.67	68.35	.099	424.51	6.79
OUTPATIENTS	780	3,929		389,137.34	99.04	3.307	498.89	327.56
MEDICAL SUPPLIES	225	27,839		23,006.68	.83	23.434	102.25	19.37
@DENTIST	37	203	\$	7,742.50	\$ 38.14	.171	\$ 209.26	\$ 6.52
VISITS - DIAGNOSTIC	25	138		1,542.50	11.18	.116	61.70	1.30
ORAL SURGERY	6	11		535.00	48.64	.009	89.17	.45
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.08

PERIODONTICS	2	2	236.00	118.00	.002	118.00	.20
ENDODONTICS	2	2	590.00	295.00	.002	295.00	.50
RESTORATIVE DENTISTRY	9	12	1,684.00	140.33	.010	187.11	1.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	37	3,055.00	82.57	.031	509.17	2.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,022
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL BLIND						

1,188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	72	\$ 2,254.74	\$ 31.32	.061	\$ 83.51	\$ 1.90
DIAGNOSTIC AND ANC. PROCED	8	11	413.27	37.57	.009	51.66	.35
EYE APPLIANCES	23	59	1,813.46	30.74	.050	78.85	1.53
OTHER OPTOMETRIC SERVICES	1	2	28.01	14.01	.002	28.01	.02
@CHIROPRACITOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 8.14	\$ 2.04	.003	\$ 4.07	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	4	8.14	2.04	.003	4.07	.01
@HOME HEALTH AGENCY	5	100	\$ 7,155.31	\$ 71.55	.084	\$ 1431.06	\$ 6.02
NURSE ANESTHESIST	1	4	\$ 92.79	\$ 23.20	.003	\$ 92.79	\$.08
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	181	1,645	\$ 292,311.57	\$ 177.70	1.385	\$ 1614.98	\$ 246.05
HOSP INPATIENT TOTAL	34	213	254,463.67	1194.67	.179	7484.23	214.20
HSC HOSPITALS	6	24	39,240.00	1635.00	.020	6540.00	33.03
NON-HSC HOSPITAL TOTAL	11	189	197,927.22	1047.23	.159	17993.38	166.61
ACCOMMODATIONS	11	189	80,694.21	426.95	.159	7335.84	67.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	189	80,694.21	426.95	.159	7335.84	67.92
ANCILLARIES	11	0	117,233.01	.00	.000	10657.55	98.68
INPATIENT CROSSOVERS	17	0	17,296.45	.00	.000	1017.44	14.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	157	1,432	37,847.90	26.43	1.205	241.07	31.86
MEDICAL	52	197	11,426.84	58.00	.166	219.75	9.62
SURGERY	22	25	1,772.71	70.91	.021	80.58	1.49
PATHOLOGY	78	409	5,256.13	12.85	.344	67.39	4.42
RADIOLOGY	44	72	6,229.80	86.53	.061	141.59	5.24
ROOM USE	65	123	6,205.39	50.45	.104	95.47	5.22
CROSSOVERS/ALL OTH OUTPTNT	88	606	6,957.03	11.48	.510	79.06	5.86
@COUNTY HOSPITAL TOTAL	2	10	\$ 144.65	\$ 14.47	.008	\$ 72.33	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	144.65	14.47	.008	72.33	.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	108.15	12.02	.008	108.15	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.50	36.50	.001	36.50	.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,023
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1,188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	179	1,635	\$ 292,166.92	\$ 178.70	1.376	\$ 1632.22	\$ 245.93
COMM HOSP INPATIENT TOTAL	34	213	254,463.67	1194.67	.179	7484.23	214.20
HSC HOSPITALS	6	24	39,240.00	1635.00	.020	6540.00	33.03
NON-HSC HOSPITALS TOTAL	11	189	197,927.22	1047.23	.159	17993.38	166.61
ACCOMMODATIONS	11	189	80,694.21	426.95	.159	7335.84	67.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	189	80,694.21	426.95	.159	7335.84	67.92
ANCILLARIES	11	0	117,233.01	.00	.000	10657.55	98.68
INPATIENT CROSSOVERS	17	0	17,296.45	.00	.000	1017.44	14.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	155	1,422	37,703.25	26.51	1.197	243.25	31.74
MEDICAL	52	197	11,426.84	58.00	.166	219.75	9.62
SURGERY	22	25	1,772.71	70.91	.021	80.58	1.49
PATHOLOGY	77	400	5,147.98	12.87	.337	66.86	4.33
RADIOLOGY	44	72	6,229.80	86.53	.061	141.59	5.24
ROOM USE	64	122	6,168.89	50.56	.103	96.39	5.19
CROSSOVERS/ALL OTH OUTPTNT	88	606	6,957.03	11.48	.510	79.06	5.86
@STATE HOSPITAL	9	247	\$ 110,609.83	\$ 447.81	.208	\$ 12289.98	\$ 93.11
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	247	110,609.83	447.81	.208	12289.98	93.11
@NURSING FACILITY	25	487	\$ 99,203.35	\$ 203.70	.410	\$ 3968.13	\$ 83.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	77	44,665.39	580.07	.065	14888.46	37.60
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	22	410	54,537.96	133.02	.345	2479.00	45.91
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	77	1,401	\$ 78,066.31	\$ 55.72	1.179	\$ 1013.85	\$ 65.71
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	77	1,401	78,066.31	55.72	1.179	1013.85	65.71
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	45	157	\$	1,760.30	\$ 11.21	.132	\$ 39.12	\$ 1.48
PATHOLOGY	40	140		1,700.71	12.15	.118	42.52	1.43
XO AND OTHERS	5	17		59.59	3.51	.014	11.92	.05
@ORGANIZED OUTPATIENT CLINIC	326	603	\$	75,417.10	\$ 125.07	.508	\$ 231.34	\$ 63.48
CLINIC	2	3		32.47	10.82	.003	16.24	.03
SURGICENTER	4	16		1,305.97	81.62	.013	326.49	1.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	322	584		74,078.66	126.85	.492	230.06	62.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,024
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL BLIND							

				----- MONTHLY AVERAGE -----				
1,188 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	212	4,624	\$ 48,062.64	\$ 10.39	3.892	\$ 226.71	\$ 40.46	
DURABLE MED. EQUIP.	19	58	3,095.69	53.37	.049	162.93	2.61	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	10	15	1,167.96	77.86	.013	116.80	.98	
MEDICAL TRANSPORTATION	61	3,818	15,704.45	4.11	3.214	257.45	13.22	
AMBULANCES/AIR TRANS	31	660	6,355.29	9.63	.556	205.01	5.35	
OTHER TRANS	30	3,101	9,062.36	2.92	2.610	302.08	7.63	
OTHER SERVICES	9	57	286.80	5.03	.048	31.87	.24	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	28	226	10,398.24	46.01	.190	371.37	8.75	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	18	44	4,054.16	92.14	.037	225.23	3.41	
PHYSICAL THERAPIST	1	22	307.87	13.99	.019	307.87	.26	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.003	265.92	.22
SPEECH AND AUDIOLOGY	4	8	3,314.78	414.35	.007	828.70	2.79
HOSPICE SERVICES	2	53	6,456.99	121.83	.045	3228.50	5.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	95	1,305.14	13.74	.080	59.32	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	282	1,991.44	7.06	.237	24.59	1.68
@CALIF. CHILDREN SERVICES*	29	639	\$ 56,240.21	\$ 88.01	.538	\$ 1939.32	\$ 47.34
@XOVER EXCLUDING STATE HOSP**	274	2,212	\$ 89,728.87	\$ 40.56	1.862	\$ 327.48	\$ 75.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,025
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

		----- MONTHLY AVERAGE -----						
45,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	39,232	1,494,853	\$ 32,014,655.61	\$ 21.42	32.724	\$ 816.03	\$ 700.83	
@PHYSICIANS SERVICES	10,347	49,270	\$ 1,585,736.80	\$ 32.18	1.079	\$ 153.26	\$ 34.71	
OUTPATIENT VISITS	4,499	6,955	355,065.26	51.05	.152	78.92	7.77	
OFFICE VISITS	1,701	2,391	69,270.22	28.97	.052	40.72	1.52	
HOME VISITS	6	7	247.00	35.29	.000	41.17	.01	
EMERGENCY ROOM	2,503	3,735	254,329.74	68.09	.082	101.61	5.57	
PREVENTIVE CARE	3	3	92.22	30.74	.000	30.74	.00	
OB VISITS/COMPRI PERI	47	164	6,210.61	37.87	.004	132.14	.14	
OTHER OUTPATIENT	504	655	24,915.47	38.04	.014	49.44	.55	
INPATIENT VISITS	852	4,267	211,568.25	49.58	.093	248.32	4.63	
HOSPITAL VISITS	738	3,814	169,469.20	44.43	.083	229.63	3.71	
CRITICAL CARE	38	206	32,597.08	158.24	.005	857.82	.71	
SNF/ICF/TRANS IP CARE	132	247	9,501.97	38.47	.005	71.98	.21	
OPHTHALMOLOGICAL SERVICES	155	191	7,621.77	39.90	.004	49.17	.17	
EXAMINATIONS	155	191	7,621.77	39.90	.004	49.17	.17	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	298	1,511	153,653.88	101.69	.033	515.62	3.36	
PRINCIPAL SURGEON	243	365	124,749.36	341.78	.008	513.37	2.73	
ASSISTANT SURGEON	27	27	5,989.39	221.83	.001	221.83	.13	
ANESTHESIOLOGIST	88	1,119	22,915.13	20.48	.024	260.40	.50	
OUTPATIENT SURGERY	583	1,763	126,060.04	71.50	.039	216.23	2.76	
PRINCIPAL SURGEON	485	595	106,642.30	179.23	.013	219.88	2.33	
ASSISTANT SURGEON	4	4	726.74	181.69	.000	181.69	.02	
ANESTHESIOLOGIST	129	1,164	18,691.00	16.06	.025	144.89	.41	
DIALYSIS	63	327	23,987.75	73.36	.007	380.76	.53	
PATHOLOGY	641	2,960	28,379.81	9.59	.065	44.27	.62	
RADIOLOGY	2,577	5,001	141,137.17	28.22	.109	54.77	3.09	
PSYCHIATRY	1	1	31.08	31.08	.000	31.08	.00	
IMMUNIZATION AND INJECTION	297	8,495	263,685.69	31.04	.186	887.83	5.77	
OTHER SERVICES/ALL X-OVERS	5,289	17,799	274,546.10	15.42	.390	51.91	6.01	
@PHARMACY	30,978	895,238	\$ 13,185,642.33	\$ 14.73	19.598	\$ 425.65	\$ 288.65	
PRESCRIPTION DRUGS	30,266	144,430	12,506,719.39	86.59	3.162	413.23	273.78	
SNF/ICF	964	7,758	659,715.02	85.04	.170	684.35	14.44	
OUTPATIENTS	29,400	136,672	11,847,004.37	86.68	2.992	402.96	259.34	

MEDICAL SUPPLIES	4,541	750,808		678,922.94	.90	16.436	149.51	14.86
@DENTIST	2,077	11,472	\$	381,747.62	\$ 33.28	.251	\$ 183.80	\$ 8.36
VISITS - DIAGNOSTIC	1,496	7,725		80,934.70	10.48	.169	54.10	1.77
ORAL SURGERY	356	979		54,467.60	55.64	.021	153.00	1.19
DRUGS	6	14		220.00	15.71	.000	36.67	.00
ANESTHESIA	50	55		4,900.00	89.09	.001	98.00	.11
PERIODONTICS	232	282		26,749.00	94.85	.006	115.30	.59
ENDODONTICS	147	235		49,256.00	209.60	.005	335.07	1.08
RESTORATIVE DENTISTRY	493	1,294		86,377.08	66.75	.028	175.21	1.89
PROSTHETICS	21	21		625.00	29.76	.000	29.76	.01
DENTURES, STAYPLATES	198	690		64,950.50	94.13	.015	328.03	1.42
SPACE MAINTAINERS	8	11		915.00	83.18	.000	114.38	.02
MAXILLOFACIAL SERVICES	66	71		6,732.74	94.83	.002	102.01	.15
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	47	55		4,745.00	86.27	.001	100.96	.10
ALL OTHER SERVICES	46	39		75.00	1.92	.001	1.63	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,026	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

	45,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,407	4,259	\$	91,237.07	\$ 21.42	.093	\$ 64.85	\$ 2.00
DIAGNOSTIC AND ANC. PROCED	762	843		33,388.83	39.61	.018	43.82	.73
EYE APPLIANCES	1,162	3,322		54,656.04	16.45	.073	47.04	1.20
OTHER OPTOMETRIC SERVICES	82	94		3,192.20	33.96	.002	38.93	.07
@CHIROPRACTOR	41	89	\$	1,463.00	\$ 16.44	.002	\$ 35.68	\$.03
VISITS	38	85		1,412.84	16.62	.002	37.18	.03
OTHER SERVICES	3	4		50.16	12.54	.000	16.72	.00
@PODIATRIST	88	183	\$	2,384.39	\$ 13.03	.004	\$ 27.10	\$.05
MEDICINE/INJECTIONS	22	32		834.40	26.08	.001	37.93	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	67	149		1,515.39	10.17	.003	22.62	.03
@HOME HEALTH AGENCY	186	3,081	\$	140,563.61	\$ 45.62	.067	\$ 755.72	\$ 3.08
NURSE ANESTHESIST	20	224	\$	3,229.75	\$ 14.42	.005	\$ 161.49	\$.07
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8	10	\$	203.08	\$ 20.31	.000	\$ 25.39	\$.00
@TOTAL HOSPITAL	6,902	43,854	\$	6,565,121.94	\$ 149.70	.960	\$ 951.19	\$ 143.72
HOSP INPATIENT TOTAL	867	3,680		5,609,424.13	1524.30	.081	6469.92	122.80
HSC HOSPITALS	175	1,507		2,397,719.59	1591.05	.033	13701.25	52.49
NON-HSC HOSPITAL TOTAL	439	2,173		2,969,305.26	1366.45	.048	6763.79	65.00
ACCOMMODATIONS	437	2,173		944,259.33	434.54	.048	2160.78	20.67
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	436	2,172		944,028.03	434.64	.048	2165.20	20.67
ANCILLARIES	438	0		2,025,045.93	.00	.000	4623.39	44.33
INPATIENT CROSSOVERS	258	0		242,399.28	.00	.000	939.53	5.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,385	40,174		955,697.81	23.79	.879	149.68	20.92
MEDICAL	1,947	3,872		144,475.64	37.31	.085	74.20	3.16
SURGERY	373	434		20,326.11	46.83	.010	54.49	.44
PATHOLOGY	3,251	17,518		219,372.82	12.52	.383	67.48	4.80
RADIOLOGY	1,758	2,609		210,893.67	80.83	.057	119.96	4.62
ROOM USE	2,911	4,602		185,579.22	40.33	.101	63.75	4.06

CROSSOVERS/ALL OTH OUTPTNT	2,710	11,139		175,050.35	15.72	.244	64.59	3.83
@COUNTY HOSPITAL TOTAL	39	167	\$	19,877.24	\$ 119.03	.004	\$ 509.67	\$.44
CO HOSPITAL INPATIENT TOTAL	4	13		16,219.68	1247.67	.000	4054.92	.36
HSC HOSPITALS	3	13		15,535.00	1195.00	.000	5178.33	.34
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		684.68	.00	.000	684.68	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	154		3,657.56	23.75	.003	104.50	.08
MEDICAL	8	13		437.17	33.63	.000	54.65	.01
SURGERY	1	1		76.46	76.46	.000	76.46	.00
PATHOLOGY	20	59		616.71	10.45	.001	30.84	.01
RADIOLOGY	5	7		816.96	116.71	.000	163.39	.02
ROOM USE	16	18		810.56	45.03	.000	50.66	.02
CROSSOVERS/ALL OTH OUTPTNT	15	56		899.70	16.07	.001	59.98	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
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KINGS COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

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		----- MONTHLY AVERAGE -----						
45,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,870	43,687	\$ 6,545,244.70	\$ 149.82	.956	\$ 952.73	\$ 143.28	
COMM HOSP INPATIENT TOTAL	863	3,667	5,593,204.45	1525.28	.080	6481.12	122.44	
HSC HOSPITALS	172	1,494	2,382,184.59	1594.50	.033	13849.91	52.15	
NON-HSC HOSPITALS TOTAL	439	2,173	2,969,305.26	1366.45	.048	6763.79	65.00	
ACCOMMODATIONS	437	2,173	944,259.33	434.54	.048	2160.78	20.67	
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	436	2,172	944,028.03	434.64	.048	2165.20	20.67	
ANCILLARIES	438	0	2,025,045.93	.00	.000	4623.39	44.33	
INPATIENT CROSSOVERS	257	0	241,714.60	.00	.000	940.52	5.29	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6,356	40,020	952,040.25	23.79	.876	149.79	20.84	
MEDICAL	1,941	3,859	144,038.47	37.33	.084	74.21	3.15	
SURGERY	373	433	20,249.65	46.77	.009	54.29	.44	
PATHOLOGY	3,233	17,459	218,756.11	12.53	.382	67.66	4.79	
RADIOLOGY	1,753	2,602	210,076.71	80.74	.057	119.84	4.60	
ROOM USE	2,898	4,584	184,768.66	40.31	.100	63.76	4.04	
CROSSOVERS/ALL OTH OUTPTNT	2,698	11,083	174,150.65	15.71	.243	64.55	3.81	
@STATE HOSPITAL	13	393	\$ 195,209.47	\$ 496.72	.009	\$ 15016.11	\$ 4.27	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	13	393	195,209.47	496.72	.009	15016.11	4.27	
@NURSING FACILITY	615	16,819	\$ 2,414,931.91	\$ 143.58	.368	\$ 3926.72	\$ 52.87	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	41	1,416	170,933.67	120.72	.031	4169.11	3.74	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	29	903	518,752.81	574.48	.020	17888.03	11.36	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	557	14,500	1,725,245.43	118.98	.317	3097.39	37.77	
@INTERMEDIATE CARE FACIL.-DD	280	8,372	\$ 1,329,734.56	\$ 158.83	.183	\$ 4749.05	\$ 29.11	
ICF DDH	242	7,218	1,105,141.13	153.11	.158	4566.70	24.19	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	38	1,154		224,593.43		194.62	.025	5910.35		4.92
@HEMODIALYSIS TOTAL	400	4,967	\$	456,407.91	\$	91.89	.109	\$ 1141.02	\$	9.99
HOSPITAL BASED	3	5		13,070.10		2614.02	.000	4356.70		.29
HEMODIALYSIS CENTER	397	4,962		443,337.81		89.35	.109	1116.72		9.71
@REHABILITATION FACILITY	64	235	\$	9,021.95	\$	38.39	.005	\$ 140.97	\$	.20
HOSPITAL BASED	64	227		8,850.03		38.99	.005	138.28		.19
INDEPENDENT FACILITY	1	8		171.92		21.49	.000	171.92		.00
@LABORATORY FACILITY	1,490	5,164	\$	73,670.27	\$	14.27	.113	\$ 49.44	\$	1.61
PATHOLOGY	1,462	5,088		73,212.65		14.39	.111	50.08		1.60
XO AND OTHERS	29	76		457.62		6.02	.002	15.78		.01
@ORGANIZED OUTPATIENT CLINIC	15,401	31,383	\$	4,273,803.61	\$	136.18	.687	\$ 277.50	\$	93.56
CLINIC	131	408		8,519.06		20.88	.009	65.03		.19
SURGICENTER	178	613		33,416.41		54.51	.013	187.73		.73
HEROIN DETOX CLINIC	6	108		1,037.98		9.61	.002	173.00		.02
RURAL HEALTH CLINIC	15,208	30,254		4,230,830.16		139.84	.662	278.20		92.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,028	
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05	
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED									

		----- MONTHLY AVERAGE -----						
45,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,791	419,840	\$ 1,304,546.34	\$ 3.11	9.191	\$ 192.10	\$ 28.56	
DURABLE MED. EQUIP.	651	1,689	357,672.01	211.77	.037	549.42	7.83	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	203	333	28,288.31	84.95	.007	139.35	.62	
MEDICAL TRANSPORTATION	1,512	87,965	392,348.39	4.46	1.926	259.49	8.59	
AMBULANCES/AIR TRANS	995	20,057	206,972.68	10.32	.439	208.01	4.53	
OTHER TRANS	316	66,326	158,533.51	2.39	1.452	501.69	3.47	
OTHER SERVICES	309	1,582	26,842.20	16.97	.035	86.87	.59	
ACUPUNCTURE	3	6	118.94	19.82	.000	39.65	.00	
ADULT DAY HEALTH CARE CTR	33	403	28,082.50	69.68	.009	850.98	.61	
GENETIC DISEASE TESTING	11	11	1,107.00	100.64	.000	100.64	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	69	198	19,185.14	96.89	.004	278.05	.42	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,076	2,310	26,208.79	11.35	.051	24.36	.57	
PHYSICAL THERAPIST	8	99	1,228.15	12.41	.002	153.52	.03	
PORTABLE X-RAY	20	45	755.87	16.80	.001	37.79	.02	
PROSTHETIST/ORTHOTISTS	81	225	35,256.34	156.69	.005	435.26	.77	
PROSTHETICS	79	222	35,137.26	158.28	.005	444.78	.77	
ORTHOTICS	2	3	119.08	39.69	.000	59.54	.00	
PSYCHOLOGIST	10	33	2,471.81	74.90	.001	247.18	.05	
SPEECH AND AUDIOLOGY	155	435	22,834.74	52.49	.010	147.32	.50	
HOSPICE SERVICES	19	376	47,463.44	126.23	.008	2498.08	1.04	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,361	12,202	103,229.40	8.46	.267	75.85	2.26	
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	.093	13629.06	2.39	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2,138	309,281	129,263.01	.42	6.770	60.46	2.83	
@CALIF. CHILDREN SERVICES*	845	26,209	\$ 2,169,632.73	\$ 82.78	.574	\$ 2567.61	\$ 47.50	
@XOVER EXCLUDING STATE HOSP**	5,465	46,146	\$ 879,300.63	\$ 19.05	1.010	\$ 160.90	\$ 19.25	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

252,041 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	126,107	629,718	\$ 38,642,434.51	\$ 61.36	2.498	\$ 306.43	\$ 153.32
@PHYSICIANS SERVICES	29,985	85,998	\$ 3,416,898.07	\$ 39.73	.341	\$ 113.95	\$ 13.56
OUTPATIENT VISITS	19,611	29,689	1,241,154.77	41.81	.118	63.29	4.92
OFFICE VISITS	7,668	9,849	295,759.83	30.03	.039	38.57	1.17
HOME VISITS	9	10	539.93	53.99	.000	59.99	.00
EMERGENCY ROOM	10,201	11,616	661,302.31	56.93	.046	64.83	2.62
PREVENTIVE CARE	13	14	522.05	37.29	.000	40.16	.00
OB VISITS/COMPRE PERI	1,942	7,447	259,639.10	34.86	.030	133.70	1.03
OTHER OUTPATIENT	672	753	23,391.55	31.06	.003	34.81	.09
INPATIENT VISITS	1,374	4,007	275,296.34	68.70	.016	200.36	1.09
HOSPITAL VISITS	1,284	3,040	149,357.19	49.13	.012	116.32	.59
CRITICAL CARE	117	893	122,503.05	137.18	.004	1047.03	.49
SNF/ICF/TRANS IP CARE	12	74	3,436.10	46.43	.000	286.34	.01
OPHTHALMOLOGICAL SERVICES	152	197	7,994.71	40.58	.001	52.60	.03
EXAMINATIONS	152	197	7,994.71	40.58	.001	52.60	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,620	6,836	750,950.03	109.85	.027	463.55	2.98
PRINCIPAL SURGEON	1,129	1,285	621,500.45	483.66	.005	550.49	2.47
ASSISTANT SURGEON	216	217	41,050.10	189.17	.001	190.05	.16
ANESTHESIOLOGIST	474	5,334	88,399.48	16.57	.021	186.50	.35
OUTPATIENT SURGERY	2,151	5,521	333,308.89	60.37	.022	154.96	1.32
PRINCIPAL SURGEON	1,831	2,163	276,715.20	127.93	.009	151.13	1.10
ASSISTANT SURGEON	9	9	1,143.22	127.02	.000	127.02	.00
ANESTHESIOLOGIST	532	3,349	55,450.47	16.56	.013	104.23	.22
DIALYSIS	20	66	6,107.66	92.54	.000	305.38	.02
PATHOLOGY	2,824	4,287	74,944.56	17.48	.017	26.54	.30
RADIOLOGY	7,883	11,809	344,751.63	29.19	.047	43.73	1.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	629	3,266		122,955.16		37.65	.013	195.48	.49
OTHER SERVICES/ALL X-OVERS	5,888	20,320		259,434.32		12.77	.081	44.06	1.03
@PHARMACY	58,807	197,020	\$	6,914,968.18	\$	35.10	.782	\$ 117.59	\$ 27.44
PRESCRIPTION DRUGS	58,030	148,038		6,707,541.44		45.31	.587	115.59	26.61
SNF/ICF	51	494		48,839.70		98.87	.002	957.64	.19
OUTPATIENTS	57,983	147,544		6,658,701.74		45.13	.585	114.84	26.42
MEDICAL SUPPLIES	2,762	48,982		207,426.74		4.23	.194	75.10	.82
@DENTIST	10,116	61,319	\$	1,716,467.83	\$	27.99	.243	\$ 169.68	\$ 6.81
VISITS - DIAGNOSTIC	7,952	44,216		553,031.95		12.51	.175	69.55	2.19
ORAL SURGERY	1,426	3,095		196,950.13		63.63	.012	138.11	.78
DRUGS	54	68		1,001.00		14.72	.000	18.54	.00
ANESTHESIA	196	199		19,500.00		97.99	.001	99.49	.08
PERIODONTICS	417	439		44,499.10		101.36	.002	106.71	.18
ENDODONTICS	858	1,470		208,153.49		141.60	.006	242.60	.83
RESTORATIVE DENTISTRY	3,130	9,938		547,341.56		55.08	.039	174.87	2.17
PROSTHETICS	53	59		1,270.00		21.53	.000	23.96	.01
DENTURES, STAYPLATES	97	445		39,469.80		88.70	.002	406.91	.16
SPACE MAINTAINERS	107	132		14,967.00		113.39	.001	139.88	.06
MAXILLOFACIAL SERVICES	332	341		36,237.27		106.27	.001	109.15	.14
FRACTURES, DISLOCATIONS	1	1		625.53		625.53	.000	625.53	.00
ORTHODONTIC SERVICES	525	668		50,920.00		76.23	.003	96.99	.20
ALL OTHER SERVICES	266	248		2,501.00		10.08	.001	9.40	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,030
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

----- MONTHLY AVERAGE -----									
252,041 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	3,655	11,524	\$ 260,100.02	\$ 22.57	.046	\$ 71.16	\$ 1.03		
DIAGNOSTIC AND ANC. PROCED	3,089	3,337	137,894.84	41.32	.013	44.64	.55		
EYE APPLIANCES	2,865	8,138	121,199.29	14.89	.032	42.30	.48		
OTHER OPTOMETRIC SERVICES	38	49	1,005.89	20.53	.000	26.47	.00		
@CHIROPRACTOR	27	39	639.54	\$ 16.40	.000	\$ 23.69	\$.00		
VISITS	27	39	639.54	16.40	.000	23.69	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	30	50	2,056.21	\$ 41.12	.000	\$ 68.54	\$.01		
MEDICINE/INJECTIONS	21	23	674.80	29.34	.000	32.13	.00		
SURGERY/ANES.	3	4	696.03	174.01	.000	232.01	.00		
RADIO./PATHOLOGY	9	15	262.94	17.53	.000	29.22	.00		
OTHER	6	8	422.44	52.81	.000	70.41	.00		
@HOME HEALTH AGENCY	260	675	41,875.87	\$ 62.04	.003	\$ 161.06	\$.17		
NURSE ANESTHESIST	169	998	19,761.09	\$ 19.80	.004	\$ 116.93	\$.08		
NURSE MIDWIFE	1	1	8.08	\$ 8.08	.000	\$ 8.08	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	3	7	191.30	\$ 27.33	.000	\$ 63.77	\$.00		
@TOTAL HOSPITAL	20,745	85,053	\$ 11,317,403.54	\$ 133.06	.337	\$ 545.55	\$ 44.90		
HOSP INPATIENT TOTAL	1,757	6,625	9,231,321.92	1393.41	.026	5254.02	36.63		
HSC HOSPITALS	376	1,976	3,362,881.55	1701.86	.008	8943.83	13.34		
NON-HSC HOSPITAL TOTAL	1,402	4,649	5,865,812.37	1261.74	.018	4183.89	23.27		
ACCOMMODATIONS	1,397	4,649	2,107,258.67	453.27	.018	1508.42	8.36		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1,397	4,649	2,107,258.67	453.27	.018	1508.42	8.36		
ANCILLARIES	1,402	0	3,758,553.70	.00	.000	2680.85	14.91		
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	19,663	78,428		2,086,081.62	26.60	.311	106.09	8.28
MEDICAL	5,421	8,898		297,454.22	33.43	.035	54.87	1.18
SURGERY	1,907	2,130		90,006.86	42.26	.008	47.20	.36
PATHOLOGY	7,689	30,842		377,672.36	12.25	.122	49.12	1.50
RADIOLOGY	5,427	7,278		489,681.25	67.28	.029	90.23	1.94
ROOM USE	11,994	15,176		616,516.89	40.62	.060	51.40	2.45
CROSSOVERS/ALL OTH OUTPTNT	6,939	14,104		214,750.04	15.23	.056	30.95	.85
@COUNTY HOSPITAL TOTAL	113	372	\$	69,238.24	\$ 186.12	.001	\$ 612.73	\$.27
CO HOSPITAL INPATIENT TOTAL	14	42		55,670.04	1325.48	.000	3976.43	.22
HSC HOSPITALS	14	42		55,670.04	1325.48	.000	3976.43	.22
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	106	330		13,568.20	41.12	.001	128.00	.05
MEDICAL	45	70		3,166.51	45.24	.000	70.37	.01
SURGERY	12	15		955.10	63.67	.000	79.59	.00
PATHOLOGY	24	81		1,197.79	14.79	.000	49.91	.00
RADIOLOGY	16	24		2,277.82	94.91	.000	142.36	.01
ROOM USE	69	95		4,142.46	43.60	.000	60.04	.02
CROSSOVERS/ALL OTH OUTPTNT	33	45		1,828.52	40.63	.000	55.41	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
252,041 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	20,652	84,681	\$ 11,248,165.30	\$ 132.83	.336	\$ 544.65	\$ 44.63	
COMM HOSP INPATIENT TOTAL	1,743	6,583	9,175,651.88	1393.84	.026	5264.29	36.41	
HSC HOSPITALS	362	1,934	3,307,211.51	1710.04	.008	9135.94	13.12	
NON-HSC HOSPITALS TOTAL	1,402	4,649	5,865,812.37	1261.74	.018	4183.89	23.27	
ACCOMMODATIONS	1,397	4,649	2,107,258.67	453.27	.018	1508.42	8.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,397	4,649	2,107,258.67	453.27	.018	1508.42	8.36	
ANCILLARIES	1,402	0	3,758,553.70	.00	.000	2680.85	14.91	
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	19,574	78,098	2,072,513.42	26.54	.310	105.88	8.22	
MEDICAL	5,380	8,828	294,287.71	33.34	.035	54.70	1.17	
SURGERY	1,895	2,115	89,051.76	42.10	.008	46.99	.35	
PATHOLOGY	7,667	30,761	376,474.57	12.24	.122	49.10	1.49	
RADIOLOGY	5,412	7,254	487,403.43	67.19	.029	90.06	1.93	
ROOM USE	11,933	15,081	612,374.43	40.61	.060	51.32	2.43	
CROSSOVERS/ALL OTH OUTPTNT	6,909	14,059	212,921.52	15.14	.056	30.82	.84	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	23	606	\$ 322,340.70	\$ 531.92	.002	\$ 14014.81	\$ 1.28	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	19	527		310,192.08	588.60	.002	16325.90	1.23
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	79		12,148.62	153.78	.000	3037.16	.05
@INTERMEDIATE CARE FACIL.-DD	8	364	\$	73,351.38	201.51	.001	\$ 9168.92	\$.29
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	8	364		73,351.38	201.51	.001	9168.92	.29
@HEMODIALYSIS TOTAL	53	1,158	\$	73,032.91	63.07	.005	\$ 1377.98	\$.29
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	53	1,158		73,032.91	63.07	.005	1377.98	.29
@REHABILITATION FACILITY	91	272	\$	10,643.13	39.13	.001	\$ 116.96	\$.04
HOSPITAL BASED	91	272		10,643.13	39.13	.001	116.96	.04
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7,595	20,826	\$	358,271.84	17.20	.083	\$ 47.17	\$ 1.42
PATHOLOGY	7,583	20,808		357,296.83	17.17	.083	47.12	1.42
XO AND OTHERS	17	18		975.01	54.17	.000	57.35	.00
@ORGANIZED OUTPATIENT CLINIC	54,885	94,060	\$	13,410,429.30	142.57	.373	\$ 244.34	\$ 53.21
CLINIC	1,138	3,828		75,785.23	19.80	.015	66.60	.30
SURGICENTER	437	2,352		84,105.85	35.76	.009	192.46	.33
HEROIN DETOX CLINIC	5	87		994.08	11.43	.000	198.82	.00
RURAL HEALTH CLINIC	53,643	87,793		13,249,544.14	150.92	.348	246.99	52.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,032
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

						----- MONTHLY AVERAGE -----		
252,041 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14,291	69,748	\$ 703,995.52	\$ 10.09	.277	\$ 49.26	\$ 2.79	
DURABLE MED. EQUIP.	247	582	33,721.99	57.94	.002	136.53	.13	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	39	87	4,286.54	49.27	.000	109.91	.02	
MEDICAL TRANSPORTATION	1,380	28,493	242,557.07	8.51	.113	175.77	.96	
AMBULANCES/AIR TRANS	1,375	27,651	226,073.80	8.18	.110	164.42	.90	
OTHER TRANS	5	803	1,794.49	2.23	.003	358.90	.01	
OTHER SERVICES	35	39	14,688.78	376.64	.000	419.68	.06	
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	437	438	45,990.00	105.00	.002	105.24	.18	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,557	5,462	50,591.48	9.26	.022	19.79	.20	
PHYSICAL THERAPIST	41	411	6,019.23	14.65	.002	146.81	.02	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	115	175	15,614.50	89.23	.001	135.78	.06	
PROSTHETICS	115	175	15,614.50	89.23	.001	135.78	.06	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	11	51	3,352.40	65.73	.000	304.76	.01	
SPEECH AND AUDIOLOGY	96	156	8,436.85	54.08	.001	87.88	.03	
HOSPICE SERVICES	0	0	80.10	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	9,354	25,666	286,308.78	11.16	.102	30.61	1.14	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	235	8,225	6,993.33	.85	.033	29.76	.03	
@CALIF. CHILDREN SERVICES*	813	26,493	\$ 2,253,376.41	\$ 85.06	.105	\$ 2771.68	\$ 8.94	

@XOVER EXCLUDING STATE HOSP** 165 1,510 \$ 30,327.14 \$ 20.08 .006 \$ 183.80 \$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,033

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

10,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,234	28,846	\$ 1,907,635.32	\$ 66.13	2.682	\$ 263.70	\$ 177.34
@PHYSICIANS SERVICES	1,501	3,613	\$ 155,239.41	\$ 42.97	.336	\$ 103.42	\$ 14.43
OUTPATIENT VISITS	1,013	1,658	68,120.20	41.09	.154	67.25	6.33
OFFICE VISITS	415	524	16,586.40	31.65	.049	39.97	1.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	454	507	30,778.77	60.71	.047	67.79	2.86
PREVENTIVE CARE	3	3	146.21	48.74	.000	48.74	.01
OB VISITS/COMPRE PERI	146	581	19,289.76	33.20	.054	132.12	1.79
OTHER OUTPATIENT	37	43	1,319.06	30.68	.004	35.65	.12
INPATIENT VISITS	93	195	10,604.75	54.38	.018	114.03	.99
HOSPITAL VISITS	83	178	8,870.33	49.83	.017	106.87	.82
CRITICAL CARE	5	9	1,387.92	154.21	.001	277.58	.13
SNF/ICF/TRANS IP CARE	6	8	346.50	43.31	.001	57.75	.03
OPHTHALMOLOGICAL SERVICES	8	12	465.90	38.83	.001	58.24	.04
EXAMINATIONS	8	12	465.90	38.83	.001	58.24	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	83	273	35,194.02	128.92	.025	424.02	3.27
PRINCIPAL SURGEON	59	63	30,354.63	481.82	.006	514.49	2.82
ASSISTANT SURGEON	6	6	1,119.00	186.50	.001	186.50	.10
ANESTHESIOLOGIST	23	204	3,720.39	18.24	.019	161.76	.35
OUTPATIENT SURGERY	91	211	12,622.28	59.82	.020	138.71	1.17
PRINCIPAL SURGEON	81	92	10,781.15	117.19	.009	133.10	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	119	1,841.13	15.47	.011	141.63	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	125	223	3,624.09	16.25	.021	28.99	.34
RADIOLOGY	370	555	14,998.15	27.02	.052	40.54	1.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	24	909.08	37.88	.002	43.29	.08
OTHER SERVICES/ALL X-OVERS	229	462	8,700.94	18.83	.043	38.00	.81
@PHARMACY	2,908	7,584	\$ 287,940.12	\$ 37.97	.705	\$ 99.02	\$ 26.77
PRESCRIPTION DRUGS	2,864	6,761	280,061.15	41.42	.629	97.79	26.04
SNF/ICF	35	209	21,416.32	102.47	.019	611.89	1.99
OUTPATIENTS	2,837	6,552	258,644.83	39.48	.609	91.17	24.04
MEDICAL SUPPLIES	133	823	7,878.97	9.57	.077	59.24	.73
@DENTIST	532	3,822	\$ 109,904.02	\$ 28.76	.355	\$ 206.59	\$ 10.22
VISITS - DIAGNOSTIC	427	2,665	34,714.50	13.03	.248	81.30	3.23
ORAL SURGERY	80	193	14,045.98	72.78	.018	175.57	1.31
DRUGS	9	12	180.00	15.00	.001	20.00	.02
ANESTHESIA	16	16	1,700.00	106.25	.001	106.25	.16
PERIODONTICS	12	12	961.00	80.08	.001	80.08	.09
ENDODONTICS	37	86	10,706.00	124.49	.008	289.35	1.00
RESTORATIVE DENTISTRY	176	760	40,551.00	53.36	.071	230.40	3.77
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	3	6	675.00	112.50	.001	225.00	.06

MAXILLOFACIAL SERVICES	15	21	2,257.54	107.50	.002	150.50	.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	34	3,420.00	100.59	.003	117.93	.32
ALL OTHER SERVICES	12	9	375.00	41.67	.001	31.25	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,034
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

10,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	175	577	\$ 12,737.55	\$ 22.08	.054 \$ 72.79 \$ 1.18
DIAGNOSTIC AND ANC. PROCED	154	172	6,926.64	40.27	.016 44.98 .64
EYE APPLIANCES	144	404	5,799.50	14.36	.038 40.27 .54
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000 11.41 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	3	3	\$ 105.20	\$ 35.07	.000 \$ 35.07 \$.01
MEDICINE/INJECTIONS	3	3	105.20	35.07	.000 35.07 .01
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	12	18	\$ 991.01	\$ 55.06	.002 \$ 82.58 \$.09
NURSE ANESTHESIST	7	59	\$ 1,133.44	\$ 19.21	.005 \$ 161.92 \$.11
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	992	4,010	\$ 552,717.39	\$ 137.83	.373 \$ 557.17 \$ 51.38
HOSP INPATIENT TOTAL	107	363	460,692.38	1269.13	.034 4305.54 42.83
HSC HOSPITALS	32	122	196,906.01	1613.98	.011 6153.31 18.30
NON-HSC HOSPITAL TOTAL	75	241	263,786.37	1094.55	.022 3517.15 24.52
ACCOMMODATIONS	75	241	108,075.13	448.44	.022 1441.00 10.05

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	75	241	108,075.13	448.44	.022	1441.00	10.05
ANCILLARIES	75	0	155,711.24	.00	.000	2076.15	14.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	924	3,647	92,025.01	25.23	.339	99.59	8.55
MEDICAL	237	364	11,481.68	31.54	.034	48.45	1.07
SURGERY	95	111	3,404.04	30.67	.010	35.83	.32
PATHOLOGY	420	1,499	17,839.64	11.90	.139	42.48	1.66
RADIOLOGY	268	372	22,631.08	60.84	.035	84.44	2.10
ROOM USE	584	706	26,968.84	38.20	.066	46.18	2.51
CROSSOVERS/ALL OTH OUTPTNT	312	595	9,699.73	16.30	.055	31.09	.90
@COUNTY HOSPITAL TOTAL	9	28	\$ 7,848.15	\$ 280.29	.003	\$ 872.02	\$.73
CO HOSPITAL INPATIENT TOTAL	1	5	6,750.01	1350.00	.000	6750.01	.63
HSC HOSPITALS	1	5	6,750.01	1350.00	.000	6750.01	.63
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	23	1,098.14	47.75	.002	122.02	.10
MEDICAL	2	2	51.28	25.64	.000	25.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	118.84	29.71	.000	39.61	.01
RADIOLOGY	1	1	82.48	82.48	.000	82.48	.01
ROOM USE	5	5	179.39	35.88	.000	35.88	.02
CROSSOVERS/ALL OTH OUTPTNT	5	11	666.15	60.56	.001	133.23	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,035
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	10,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	983	3,982	\$	544,869.24	\$ 136.83	.370	\$ 554.29	\$ 50.65
COMM HOSP INPATIENT TOTAL	106	358		453,942.37	1268.00	.033	4282.48	42.20
HSC HOSPITALS	31	117		190,156.00	1625.26	.011	6134.06	17.68
NON-HSC HOSPITALS TOTAL	75	241		263,786.37	1094.55	.022	3517.15	24.52
ACCOMMODATIONS	75	241		108,075.13	448.44	.022	1441.00	10.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	75	241		108,075.13	448.44	.022	1441.00	10.05
ANCILLARIES	75	0		155,711.24	.00	.000	2076.15	14.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	915	3,624		90,926.87	25.09	.337	99.37	8.45
MEDICAL	235	362		11,430.40	31.58	.034	48.64	1.06
SURGERY	95	111		3,404.04	30.67	.010	35.83	.32
PATHOLOGY	417	1,495		17,720.80	11.85	.139	42.50	1.65
RADIOLOGY	267	371		22,548.60	60.78	.034	84.45	2.10
ROOM USE	579	701		26,789.45	38.22	.065	46.27	2.49
CROSSOVERS/ALL OTH OUTPTNT	307	584		9,033.58	15.47	.054	29.43	.84
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	452	\$	83,561.80	\$ 184.87	.042	\$ 6427.83	\$ 7.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		1,693.00CR	.00	.000	.00	.16CR
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	72		39,806.80	552.87	.007	39806.80	3.70
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	380		45,448.00	119.60	.035	3787.33	4.22
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	5	\$	727.03	\$ 145.41	.000	\$ 727.03	\$.07
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	5		727.03	145.41	.000	727.03	.07
@REHABILITATION FACILITY	2	7	\$	245.79	\$ 35.11	.001	\$ 122.90	\$.02
HOSPITAL BASED	2	7		245.79	35.11	.001	122.90	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	377	971	\$	16,145.38	\$ 16.63	.090	\$ 42.83	\$ 1.50
PATHOLOGY	375	969		16,026.38	16.54	.090	42.74	1.49
XO AND OTHERS	2	2		119.00	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	3,212	5,190	\$	652,322.38	\$ 125.69	.482	\$ 203.09	\$ 60.64
CLINIC	51	148		3,467.65	23.43	.014	67.99	.32
SURGICENTER	35	180		6,223.20	34.57	.017	177.81	.58
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,134	4,862		642,631.53	132.17	.452	205.05	59.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,036
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
10,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	414	2,535	\$ 33,864.80	\$ 13.36	.236	\$ 81.80	\$ 3.15	
DURABLE MED. EQUIP.	10	11	779.29	70.84	.001	77.93	.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	76	1,648	20,009.33	12.14	.153	263.28	1.86	
AMBULANCES/AIR TRANS	76	1,643	14,589.57	8.88	.153	191.97	1.36	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	5	5	5,419.76	1083.95	.000	1083.95	.50	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	35	35	3,675.00	105.00	.003	105.00	.34	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	137	290	2,425.00	8.36	.027	17.70	.23	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	3	10	807.25	80.73	.001	269.08	.08	
SPEECH AND AUDIOLOGY	3	8	387.51	48.44	.001	129.17	.04	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	144	520	5,640.34	10.85	.048	39.17	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	13	141.08	10.85	.001	14.11	.01
@CALIF. CHILDREN SERVICES*	35	401	\$ 87,920.19	\$ 219.25	.037	\$ 2512.01	\$ 8.17
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,037
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,038
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,039
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,040
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,041

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,042
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,043
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,044
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

PAGE 5,045
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,046
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,047
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						
	AID CODES 51 52 56 57						

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,048
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,049
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	2,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		956	6,151	\$ 633,848.58	\$ 103.05	2.167	\$ 663.02	\$ 223.34
@PHYSICIANS SERVICES		335	1,052	\$ 65,123.71	\$ 61.90	.371	\$ 194.40	\$ 22.95
OUTPATIENT VISITS		187	484	18,959.24	39.17	.171	101.39	6.68
OFFICE VISITS		14	17	540.86	31.82	.006	38.63	.19
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		84	91	6,518.87	71.64	.032	77.61	2.30
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		97	374	11,819.58	31.60	.132	121.85	4.16
OTHER OUTPATIENT		2	2	79.93	39.97	.001	39.97	.03
INPATIENT VISITS		43	112	4,982.23	44.48	.039	115.87	1.76
HOSPITAL VISITS		43	112	4,982.23	44.48	.039	115.87	1.76
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		64	137	32,343.31	236.08	.048	505.36	11.40
PRINCIPAL SURGEON		55	58	29,762.30	513.14	.020	541.13	10.49
ASSISTANT SURGEON		7	7	1,305.50	186.50	.002	186.50	.46
ANESTHESIOLOGIST		7	72	1,275.51	17.72	.025	182.22	.45
OUTPATIENT SURGERY		19	77	1,807.65	23.48	.027	95.14	.64
PRINCIPAL SURGEON		14	19	1,289.00	67.84	.007	92.07	.45

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	58		518.65	8.94	.020	103.73	.18
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	35	63		1,179.81	18.73	.022	33.71	.42
RADIOLOGY	80	111		4,263.74	38.41	.039	53.30	1.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.93	10.93	.000	10.93	.00
OTHER SERVICES/ALL X-OVERS	55	67		1,576.80	23.53	.024	28.67	.56
@PHARMACY	379	1,238	\$	37,235.85	30.08	.436	98.25	\$ 13.12
PRESCRIPTION DRUGS	361	885		32,394.94	36.60	.312	89.74	11.41
SNF/ICF	1	1		422.99	422.99	.000	422.99	.15
OUTPATIENTS	360	884		31,971.95	36.17	.311	88.81	11.27
MEDICAL SUPPLIES	35	353		4,840.91	13.71	.124	138.31	1.71
@DENTIST	12	31	\$	746.25	24.07	.011	62.19	\$.26
VISITS - DIAGNOSTIC	9	22		214.25	9.74	.008	23.81	.08
ORAL SURGERY	3	3		45.00	15.00	.001	15.00	.02
DRUGS	0	1		5.00	5.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		142.00	.00	.000	.00	.05
RESTORATIVE DENTISTRY	0	4		340.00	85.00	.001	.00	.12
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	1		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,050
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

2,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	11	16	\$ 758.26	\$ 47.39	.006 \$ 68.93 \$.27
NURSE ANESTHESIST	8	22	\$ 713.33	\$ 32.42	.008 \$ 89.17 \$.25
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 126.31	\$ 126.31	.000 \$ 126.31 \$.04
@TOTAL HOSPITAL	259	1,184	\$ 375,726.74	\$ 317.34	.417 \$ 1450.68 \$ 132.39
HOSP INPATIENT TOTAL	75	260	352,212.72	1354.66	.092 4696.17 124.11
HSC HOSPITALS	4	12	13,254.00	1104.50	.004 3313.50 4.67
NON-HSC HOSPITAL TOTAL	71	248	338,958.72	1366.77	.087 4774.07 119.44
ACCOMMODATIONS	70	248	119,494.62	481.83	.087 1707.07 42.11

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	70	248	119,494.62	481.83	.087	1707.07	42.11
ANCILLARIES	71	0	219,464.10	.00	.000	3091.04	77.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	203	924	23,514.02	25.45	.326	115.83	8.29
MEDICAL	42	58	1,850.08	31.90	.020	44.05	.65
SURGERY	24	26	1,146.91	44.11	.009	47.79	.40
PATHOLOGY	112	444	5,269.36	11.87	.156	47.05	1.86
RADIOLOGY	51	67	5,801.58	86.59	.024	113.76	2.04
ROOM USE	122	156	6,417.03	41.13	.055	52.60	2.26
CROSSOVERS/ALL OTH OUTPTNT	81	173	3,029.06	17.51	.061	37.40	1.07
@COUNTY HOSPITAL TOTAL	2	13	\$ 372.58	\$ 28.66	.005	\$ 186.29	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	13	372.58	28.66	.005	186.29	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	12	71.47	5.96	.004	71.47	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	301.11	301.11	.000	301.11	.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,051
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,838 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	257	1,171	\$ 375,354.16	\$ 320.54	.413	\$ 1460.52	\$ 132.26
COMM HOSP INPATIENT TOTAL	75	260	352,212.72	1354.66	.092	4696.17	124.11
HSC HOSPITALS	4	12	13,254.00	1104.50	.004	3313.50	4.67
NON-HSC HOSPITALS TOTAL	71	248	338,958.72	1366.77	.087	4774.07	119.44
ACCOMMODATIONS	70	248	119,494.62	481.83	.087	1707.07	42.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	70	248	119,494.62	481.83	.087	1707.07	42.11
ANCILLARIES	71	0	219,464.10	.00	.000	3091.04	77.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	201	911	23,141.44	25.40	.321	115.13	8.15
MEDICAL	42	58	1,850.08	31.90	.020	44.05	.65
SURGERY	24	26	1,146.91	44.11	.009	47.79	.40
PATHOLOGY	111	432	5,197.89	12.03	.152	46.83	1.83
RADIOLOGY	51	67	5,801.58	86.59	.024	113.76	2.04
ROOM USE	122	156	6,417.03	41.13	.055	52.60	2.26
CROSSOVERS/ALL OTH OUTPTNT	80	172	2,727.95	15.86	.061	34.10	.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	19	\$	451.67	\$	23.77	.007	\$ 225.84	\$.16
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	19		451.67		23.77	.007	225.84	.16
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	222	571	\$	8,061.94	\$	14.12	.201	\$ 36.32	\$ 2.84
PATHOLOGY	222	570		8,002.44		14.04	.201	36.05	2.82
XO AND OTHERS	1	1		59.50		59.50	.000	59.50	.02
@ORGANIZED OUTPATIENT CLINIC	367	1,246	\$	134,373.58	\$	107.84	.439	\$ 366.14	\$ 47.35
CLINIC	8	17		370.46		21.79	.006	46.31	.13
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	359	1,229		134,003.12		109.03	.433	373.27	47.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,052
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	2,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	80	771	\$	10,530.94	\$ 13.66	.272	\$ 131.64	\$ 3.71
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		50.00	25.00	.001	50.00	.02
MEDICAL TRANSPORTATION	34	723		5,737.14	7.94	.255	168.74	2.02
AMBULANCES/AIR TRANS	34	723		5,737.14	7.94	.255	168.74	2.02
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	40	40		4,200.00	105.00	.014	105.00	1.48
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	6		543.80	90.63	.002	90.63	.19
PROSTHETICS	6	6		543.80	90.63	.002	90.63	.19
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	344	\$ 12,751.16	\$ 37.07	.121	\$ 671.11	\$ 4.49
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,053
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	18	\$ 234.00	\$ 13.00	1.800	\$ 234.00	\$ 23.40
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	.00	.00	.000	.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	18	\$ 234.00	\$ 13.00	1.800	\$ 234.00	\$ 23.40
VISITS - DIAGNOSTIC	1	18	234.00	13.00	1.800	234.00	23.40
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,054
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,055
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,056
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,057
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	241	5,543	\$ 325,610.84	\$ 58.74	31.140	\$ 1351.08	\$ 1829.27
@PHYSICIANS SERVICES	161	3,781	\$ 187,155.75	\$ 49.50	21.242	\$ 1162.46	\$ 1051.44
OUTPATIENT VISITS	94	185	6,120.11	33.08	1.039	65.11	34.38
OFFICE VISITS	86	169	4,931.07	29.18	.949	57.34	27.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	16	1,189.04	74.32	.090	118.90	6.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	72	2,905.62	40.36	.404	363.20	16.32
HOSPITAL VISITS	8	72	2,905.62	40.36	.404	363.20	16.32
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	199	6,278.02	31.55	1.118	448.43	35.27
PRINCIPAL SURGEON	7	10	4,753.72	475.37	.056	679.10	26.71
ASSISTANT SURGEON	2	2	329.86	164.93	.011	164.93	1.85
ANESTHESIOLOGIST	8	187	1,194.44	6.39	1.051	149.31	6.71
OUTPATIENT SURGERY	11	27	1,799.00	66.63	.152	163.55	10.11
PRINCIPAL SURGEON	9	11	1,527.98	138.91	.062	169.78	8.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	271.02	16.94	.090	135.51	1.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	45	191	2,847.31	14.91	1.073	63.27	16.00
RADIOLOGY	49	365	29,580.64	81.04	2.051	603.69	166.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	58	2,571	133,534.93	51.94	14.444	2302.33	750.20
OTHER SERVICES/ALL X-OVERS	62	171	4,090.12	23.92	.961	65.97	22.98
@PHARMACY	123	1,070	\$ 26,401.09	\$ 24.67	6.011	\$ 214.64	\$ 148.32
PRESCRIPTION DRUGS	119	356	25,626.95	71.99	2.000	215.35	143.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	119	356	25,626.95	71.99	2.000	215.35	143.97

MEDICAL SUPPLIES	11	714		774.14	1.08	4.011	70.38	4.35
@DENTIST	4	24	\$	1,113.00	\$ 46.38	.135	\$ 278.25	\$ 6.25
VISITS - DIAGNOSTIC	3	17		230.00	13.53	.096	76.67	1.29
ORAL SURGERY	1	1		85.00	85.00	.006	85.00	.48
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		236.00	118.00	.011	118.00	1.33
ENDODONTICS	1	1		330.00	330.00	.006	330.00	1.85
RESTORATIVE DENTISTRY	2	3		232.00	77.33	.017	116.00	1.30
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,058
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	15	\$ 324.01	\$ 21.60	.084	\$ 81.00	\$ 1.82
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.017	47.45	.80
EYE APPLIANCES	4	12	181.66	15.14	.067	45.42	1.02
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	24	\$ 1,663.74	\$ 69.32	.135	\$ 277.29	\$ 9.35
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	82	347	\$ 82,672.03	\$ 238.25	1.949	\$ 1008.20	\$ 464.45
HOSP INPATIENT TOTAL	12	43	73,014.58	1698.01	.242	6084.55	410.19
HSC HOSPITALS	2	21	22,580.00	1075.24	.118	11290.00	126.85
NON-HSC HOSPITAL TOTAL	10	22	50,434.58	2292.48	.124	5043.46	283.34
ACCOMMODATIONS	10	22	7,411.58	336.89	.124	741.16	41.64
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	22	7,411.58	336.89	.124	741.16	41.64
ANCILLARIES	10	0	43,023.00	.00	.000	4302.30	241.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	76	304	9,657.45	31.77	1.708	127.07	54.26
MEDICAL	9	22	695.56	31.62	.124	77.28	3.91
SURGERY	4	4	269.01	67.25	.022	67.25	1.51
PATHOLOGY	57	191	2,264.67	11.86	1.073	39.73	12.72
RADIOLOGY	29	45	4,983.29	110.74	.253	171.84	28.00
ROOM USE	13	22	1,203.02	54.68	.124	92.54	6.76

CROSSOVERS/ALL OTH OUTPTNT	6	20	241.90	12.10	.112	40.32	1.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,059
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	347	\$ 82,672.03	\$ 238.25	1.949	\$ 1008.20	\$ 464.45
COMM HOSP INPATIENT TOTAL	12	43	73,014.58	1698.01	.242	6084.55	410.19
HSC HOSPITALS	2	21	22,580.00	1075.24	.118	11290.00	126.85
NON-HSC HOSPITALS TOTAL	10	22	50,434.58	2292.48	.124	5043.46	283.34
ACCOMMODATIONS	10	22	7,411.58	336.89	.124	741.16	41.64
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	10	22	7,411.58	336.89	.124	741.16	41.64
ANCILLARIES	10	0	43,023.00	.00	.000	4302.30	241.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	76	304	9,657.45	31.77	1.708	127.07	54.26
MEDICAL	9	22	695.56	31.62	.124	77.28	3.91
SURGERY	4	4	269.01	67.25	.022	67.25	1.51
PATHOLOGY	57	191	2,264.67	11.86	1.073	39.73	12.72
RADIOLOGY	29	45	4,983.29	110.74	.253	171.84	28.00
ROOM USE	13	22	1,203.02	54.68	.124	92.54	6.76
CROSSOVERS/ALL OTH OUTPTNT	6	20	241.90	12.10	.112	40.32	1.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	128	\$ 3,131.47	\$ 24.46	.719	\$ 104.38	\$ 17.59
PATHOLOGY	30	128	3,131.47	24.46	.719	104.38	17.59
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	47	108	\$ 20,943.72	\$ 193.92	.607	\$ 445.61	\$ 117.66
CLINIC	3	5	115.00	23.00	.028	38.33	.65
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	46	103	20,828.72	202.22	.579	452.80	117.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,060
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	46	\$ 2,206.03	\$ 47.96	.258	\$ 169.69	\$ 12.39
DURABLE MED. EQUIP.	4	8	1,146.34	143.29	.045	286.59	6.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	21	318.55	15.17	.118	106.18	1.79
AMBULANCES/AIR TRANS	2	13	275.45	21.19	.073	137.73	1.55
OTHER TRANS	1	8	43.10	5.39	.045	43.10	.24
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	128.28	11.66	.062	25.66	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6	612.86	102.14	.034	306.43	3.44
PROSTHETICS	2	6	612.86	102.14	.034	306.43	3.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	1	24.00	24.00	.006	24.00	.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,061
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	925	\$ 42,841.31	\$ 46.31	9.737	\$ 563.70	\$ 450.96
@PHYSICIANS SERVICES	49	791	\$ 31,310.85	\$ 39.58	8.326	\$ 639.00	\$ 329.59
OUTPATIENT VISITS	28	45	1,280.10	28.45	.474	45.72	13.47
OFFICE VISITS	27	42	1,082.82	25.78	.442	40.10	11.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	197.28	65.76	.032	65.76	2.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	8	80.25	10.03	.084	80.25	.84
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	80.25	10.03	.084	80.25	.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	19	405.48	21.34	.200	33.79	4.27
RADIOLOGY	21	101	8,448.98	83.65	1.063	402.33	88.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	12	584		20,334.64		34.82	6.147	1694.55	214.05
OTHER SERVICES/ALL X-OVERS	10	34		761.40		22.39	.358	76.14	8.01
@PHARMACY	25	41	\$	2,386.00	\$	58.20	.432	\$ 95.44	\$ 25.12
PRESCRIPTION DRUGS	25	41		2,386.00		58.20	.432	95.44	25.12
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	25	41		2,386.00		58.20	.432	95.44	25.12
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,062
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	1	8	\$ 584.88	\$ 73.11	.084	\$ 584.88	\$ 6.16	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	23	71	\$ 7,334.85	\$ 103.31	.747	\$ 318.91	\$ 77.21	
HOSP INPATIENT TOTAL	1	1	3,991.14	3991.14	.011	3991.14	42.01	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	1	1	3,991.14	3991.14	.011	3991.14	42.01	
ACCOMMODATIONS	1	1	307.80	307.80	.011	307.80	3.24	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	1	307.80	307.80	.011	307.80	3.24	
ANCILLARIES	1	0	3,683.34	.00	.000	3683.34	38.77	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	22	70		3,343.71	47.77	.737	151.99	35.20
MEDICAL	1	1		10.24	10.24	.011	10.24	.11
SURGERY	1	1		63.70	63.70	.011	63.70	.67
PATHOLOGY	17	41		516.00	12.59	.432	30.35	5.43
RADIOLOGY	13	19		2,480.89	130.57	.200	190.84	26.11
ROOM USE	2	3		214.49	71.50	.032	107.25	2.26
CROSSOVERS/ALL OTH OUTPTNT	1	5		58.39	11.68	.053	58.39	.61
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,063
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY							AID CODES 0R 0T 0U 0V

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	23	71	\$ 7,334.85	\$ 103.31	.747	\$ 318.91	\$ 77.21	
COMM HOSP INPATIENT TOTAL	1	1	3,991.14	3991.14	.011	3991.14	42.01	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	1	3,991.14	3991.14	.011	3991.14	42.01	
ACCOMMODATIONS	1	1	307.80	307.80	.011	307.80	3.24	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	1	307.80	307.80	.011	307.80	3.24	
ANCILLARIES	1	0	3,683.34	.00	.000	3683.34	38.77	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	22	70	3,343.71	47.77	.737	151.99	35.20	
MEDICAL	1	1	10.24	10.24	.011	10.24	.11	
SURGERY	1	1	63.70	63.70	.011	63.70	.67	
PATHOLOGY	17	41	516.00	12.59	.432	30.35	5.43	
RADIOLOGY	13	19	2,480.89	130.57	.200	190.84	26.11	
ROOM USE	2	3	214.49	71.50	.032	107.25	2.26	
CROSSOVERS/ALL OTH OUTPTNT	1	5	58.39	11.68	.053	58.39	.61	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$	81.31	\$	16.26	.053	\$ 40.66	\$.86
PATHOLOGY	2	5		81.31		16.26	.053	40.66	.86
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	470.21	\$	156.74	.032	\$ 235.11	\$ 4.95
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		470.21		156.74	.032	235.11	4.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,064		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
KINGS COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						AID CODES 0R 0T 0U 0V		

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	6	\$ 673.21	\$ 112.20	.063	\$ 112.20	\$ 7.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	2	121.75	60.88	.021	60.88	1.28

AMBULANCES/AIR TRANS	2	2	121.75	60.88	.021	60.88	1.28
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	4	551.46	137.87	.042	137.87	5.80
PROSTHETICS	4	4	551.46	137.87	.042	137.87	5.80
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,065
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	317	6,468	\$ 368,452.15	\$ 56.97	23.692 \$ 1162.31 \$ 1349.64
@PHYSICIANS SERVICES	210	4,572	\$ 218,466.60	\$ 47.78	16.747 \$ 1040.32 \$ 800.24
OUTPATIENT VISITS	122	230	7,400.21	32.17	.842 60.66 27.11
OFFICE VISITS	113	211	6,013.89	28.50	.773 53.22 22.03
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	13	19	1,386.32	72.96	.070 106.64 5.08
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	8	72	2,905.62	40.36	.264 363.20 10.64
HOSPITAL VISITS	8	72	2,905.62	40.36	.264 363.20 10.64
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000 .00 .00
EXAMINATIONS	0	0	.00	.00	.000 .00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	14	199	6,278.02	31.55	.729 448.43 23.00
PRINCIPAL SURGEON	7	10	4,753.72	475.37	.037 679.10 17.41
ASSISTANT SURGEON	2	2	329.86	164.93	.007 164.93 1.21
ANESTHESIOLOGIST	8	187	1,194.44	6.39	.685 149.31 4.38
OUTPATIENT SURGERY	12	35	1,879.25	53.69	.128 156.60 6.88
PRINCIPAL SURGEON	9	11	1,527.98	138.91	.040 169.78 5.60

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	24	351.27	14.64	.088	117.09	1.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	57	210	3,252.79	15.49	.769	57.07	11.91
RADIOLOGY	70	466	38,029.62	81.61	1.707	543.28	139.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	70	3,155	153,869.57	48.77	11.557	2198.14	563.62
OTHER SERVICES/ALL X-OVERS	72	205	4,851.52	23.67	.751	67.38	17.77
@PHARMACY	148	1,111	\$ 28,787.09	\$ 25.91	4.070	\$ 194.51	\$ 105.45
PRESCRIPTION DRUGS	144	397	28,012.95	70.56	1.454	194.53	102.61
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	397	28,012.95	70.56	1.454	194.53	102.61
MEDICAL SUPPLIES	11	714	774.14	1.08	2.615	70.38	2.84
@DENTIST	4	24	\$ 1,113.00	\$ 46.38	.088	\$ 278.25	\$ 4.08
VISITS - DIAGNOSTIC	3	17	230.00	13.53	.062	76.67	.84
ORAL SURGERY	1	1	85.00	85.00	.004	85.00	.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.007	118.00	.86
ENDODONTICS	1	1	330.00	330.00	.004	330.00	1.21
RESTORATIVE DENTISTRY	2	3	232.00	77.33	.011	116.00	.85
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,066
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	15	\$ 324.01	\$ 21.60	.055	\$ 81.00	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.011	47.45	.52
EYE APPLIANCES	4	12	181.66	15.14	.044	45.42	.67
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	32	\$ 2,248.62	\$ 70.27	.117	\$ 321.23	\$ 8.24
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	105	418	\$ 90,006.88	\$ 215.33	1.531	\$ 857.21	\$ 329.70
HOSP INPATIENT TOTAL	13	44	77,005.72	1750.13	.161	5923.52	282.07
HSC HOSPITALS	2	21	22,580.00	1075.24	.077	11290.00	82.71
NON-HSC HOSPITAL TOTAL	11	23	54,425.72	2366.34	.084	4947.79	199.36
ACCOMMODATIONS	11	23	7,719.38	335.63	.084	701.76	28.28

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	23	7,719.38	335.63	.084	701.76	28.28
ANCILLARIES	11	0	46,706.34	.00	.000	4246.03	171.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	374	13,001.16	34.76	1.370	132.66	47.62
MEDICAL	10	23	705.80	30.69	.084	70.58	2.59
SURGERY	5	5	332.71	66.54	.018	66.54	1.22
PATHOLOGY	74	232	2,780.67	11.99	.850	37.58	10.19
RADIOLOGY	42	64	7,464.18	116.63	.234	177.72	27.34
ROOM USE	15	25	1,417.51	56.70	.092	94.50	5.19
CROSSOVERS/ALL OTH OUTPTNT	7	25	300.29	12.01	.092	42.90	1.10
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,067
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	418	\$	90,006.88	\$ 215.33	1.531	\$ 857.21	\$ 329.70
COMM HOSP INPATIENT TOTAL	13	44		77,005.72	1750.13	.161	5923.52	282.07
HSC HOSPITALS	2	21		22,580.00	1075.24	.077	11290.00	82.71
NON-HSC HOSPITALS TOTAL	11	23		54,425.72	2366.34	.084	4947.79	199.36
ACCOMMODATIONS	11	23		7,719.38	335.63	.084	701.76	28.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	23		7,719.38	335.63	.084	701.76	28.28
ANCILLARIES	11	0		46,706.34	.00	.000	4246.03	171.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	98	374		13,001.16	34.76	1.370	132.66	47.62
MEDICAL	10	23		705.80	30.69	.084	70.58	2.59
SURGERY	5	5		332.71	66.54	.018	66.54	1.22
PATHOLOGY	74	232		2,780.67	11.99	.850	37.58	10.19
RADIOLOGY	42	64		7,464.18	116.63	.234	177.72	27.34
ROOM USE	15	25		1,417.51	56.70	.092	94.50	5.19
CROSSOVERS/ALL OTH OUTPTNT	7	25		300.29	12.01	.092	42.90	1.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	32	133	\$	3,212.78	\$	24.16	.487	\$	11.77
PATHOLOGY	32	133		3,212.78		24.16	.487		11.77
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	49	111	\$	21,413.93	\$	192.92	.407	\$	78.44
CLINIC	3	5		115.00		23.00	.018		.42
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	48	106		21,298.93		200.93	.388		78.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,068
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	52	\$ 2,879.24	\$ 55.37	.190	\$ 151.54	\$ 10.55
DURABLE MED. EQUIP.	4	8	1,146.34	143.29	.029	286.59	4.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	23	440.30	19.14	.084	88.06	1.61
AMBULANCES/AIR TRANS	4	15	397.20	26.48	.055	99.30	1.45
OTHER TRANS	1	8	43.10	5.39	.029	43.10	.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	128.28	11.66	.040	25.66	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	10	1,164.32	116.43	.037	194.05	4.26
PROSTHETICS	6	10	1,164.32	116.43	.037	194.05	4.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 24.00	\$ 24.00	.004	\$ 24.00	\$.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,069
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80	

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	3	\$ 17.84	\$ 5.95	.214	\$ 8.92	\$ 1.27
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,070
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,071
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,072
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 17.84	\$ 5.95	.214 \$ 8.92 \$ 1.27
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	4.57	2.29	.143	4.57	.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	13.27	13.27	.071	13.27	.95
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 17.84	\$ 5.95	.214	\$ 8.92	\$ 1.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,073

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

5,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,925	9,823	\$ 537,108.70	\$ 54.68	1.747	\$ 183.63	\$ 95.50
@PHYSICIANS SERVICES	475	1,011	\$ 30,814.13	\$ 30.48	.180	\$ 64.87	\$ 5.48
OUTPATIENT VISITS	360	413	16,557.24	40.09	.073	45.99	2.94
OFFICE VISITS	175	209	6,398.37	30.61	.037	36.56	1.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	171	181	9,472.66	52.34	.032	55.40	1.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	22	23	686.21	29.84	.004	31.19	.12
INPATIENT VISITS	10	25	2,207.97	88.32	.004	220.80	.39
HOSPITAL VISITS	9	20	1,163.96	58.20	.004	129.33	.21
CRITICAL CARE	2	5	1,044.01	208.80	.001	522.01	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	88.23	29.41	.001	44.12	.02
EXAMINATIONS	2	3	88.23	29.41	.001	44.12	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	549.46	274.73	.000	274.73	.10
PRINCIPAL SURGEON	1	1	459.52	459.52	.000	459.52	.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.02
OUTPATIENT SURGERY	39	63	5,708.84	90.62	.011	146.38	1.02
PRINCIPAL SURGEON	34	41	5,115.05	124.76	.007	150.44	.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	22	593.79	26.99	.004	98.97	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	12	221.78	18.48	.002	18.48	.04
RADIOLOGY	74	93	1,544.37	16.61	.017	20.87	.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	75.00	37.50	.000	75.00	.01
OTHER SERVICES/ALL X-OVERS	93	398	3,861.24	9.70	.071	41.52	.69
@PHARMACY	1,333	3,382	\$ 106,511.83	\$ 31.49	.601	\$ 79.90	\$ 18.94
PRESCRIPTION DRUGS	1,320	3,313	98,307.88	29.67	.589	74.48	17.48
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,320	3,313	98,307.88	29.67	.589	74.48	17.48

MEDICAL SUPPLIES	60	69		8,203.95	118.90	.012	136.73	1.46
@DENTIST	207	1,299	\$	40,466.95	\$ 31.15	.231	\$ 195.49	\$ 7.20
VISITS - DIAGNOSTIC	189	794		11,803.10	14.87	.141	62.45	2.10
ORAL SURGERY	13	18		772.00	42.89	.003	59.38	.14
DRUGS	4	5		120.00	24.00	.001	30.00	.02
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	28	72		4,757.00	66.07	.013	169.89	.85
RESTORATIVE DENTISTRY	64	358		19,079.00	53.29	.064	298.11	3.39
PROSTHETICS	2	2		30.00	15.00	.000	15.00	.01
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3		333.00	111.00	.001	111.00	.06
MAXILLOFACIAL SERVICES	33	33		3,572.85	108.27	.006	108.27	.64
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	14	14		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,074	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
KINGS COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P	

5,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	22	62	\$ 1,489.79	\$ 24.03	.011	\$ 67.72	\$.26
DIAGNOSTIC AND ANC. PROCED	20	21	900.94	42.90	.004	45.05	.16
EYE APPLIANCES	14	41	588.85	14.36	.007	42.06	.10
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$	149.72	\$ 74.86	.000	\$ 74.86	\$.03
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	318	942	\$	66,979.01	\$ 71.10	.167	\$ 210.63	\$ 11.91
HOSP INPATIENT TOTAL	6	27		39,826.15	1475.04	.005	6637.69	7.08
HSC HOSPITALS	3	15		28,350.00	1890.00	.003	9450.00	5.04
NON-HSC HOSPITAL TOTAL	3	12		11,476.15	956.35	.002	3825.38	2.04
ACCOMMODATIONS	3	12		4,375.40	364.62	.002	1458.47	.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	12		4,375.40	364.62	.002	1458.47	.78
ANCILLARIES	3	0		7,100.75	.00	.000	2366.92	1.26
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	314	915		27,152.86	29.68	.163	86.47	4.83
MEDICAL	93	167		6,060.81	36.29	.030	65.17	1.08
SURGERY	27	30		1,018.18	33.94	.005	37.71	.18
PATHOLOGY	76	207		2,124.03	10.26	.037	27.95	.38
RADIOLOGY	59	76		3,768.49	49.59	.014	63.87	.67
ROOM USE	219	265		11,116.14	41.95	.047	50.76	1.98
CROSSOVERS/ALL OTH OUTPTNT	110	170		3,065.21	18.03	.030	27.87	.55
@COUNTY HOSPITAL TOTAL	4	4	\$	194.80	\$ 48.70	.001	\$ 48.70	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	4		194.80	48.70	.001	48.70	.03
MEDICAL	2	2		122.10	61.05	.000	61.05	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		72.70	36.35	.000	36.35	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,075
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

5,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	316	938	\$ 66,784.21	\$ 71.20	.167	\$ 211.34	\$ 11.87
COMM HOSP INPATIENT TOTAL	6	27	39,826.15	1475.04	.005	6637.69	7.08
HSC HOSPITALS	3	15	28,350.00	1890.00	.003	9450.00	5.04
NON-HSC HOSPITALS TOTAL	3	12	11,476.15	956.35	.002	3825.38	2.04
ACCOMMODATIONS	3	12	4,375.40	364.62	.002	1458.47	.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	12	4,375.40	364.62	.002	1458.47	.78
ANCILLARIES	3	0	7,100.75	.00	.000	2366.92	1.26
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	312	911	26,958.06	29.59	.162	86.40	4.79
MEDICAL	91	165	5,938.71	35.99	.029	65.26	1.06
SURGERY	27	30	1,018.18	33.94	.005	37.71	.18
PATHOLOGY	76	207	2,124.03	10.26	.037	27.95	.38
RADIOLOGY	59	76	3,768.49	49.59	.014	63.87	.67
ROOM USE	217	263	11,043.44	41.99	.047	50.89	1.96
CROSSOVERS/ALL OTH OUTPTNT	110	170	3,065.21	18.03	.030	27.87	.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	7	11	\$ 751.10	\$ 68.28	.002	\$ 107.30	\$.13
HOSPITAL BASED	7	11	751.10	68.28	.002	107.30	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	36	92	\$ 800.80	\$ 8.70	.016	\$ 22.24	\$.14
PATHOLOGY	36	92	800.80	8.70	.016	22.24	.14
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,404	2,175	\$ 277,371.97	\$ 127.53	.387	\$ 197.56	\$ 49.32
CLINIC	6	10	234.27	23.43	.002	39.05	.04
SURGICENTER	48	242	8,421.69	34.80	.043	175.45	1.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,367	1,923	268,716.01	139.74	.342	196.57	47.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,076
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	5,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	151	847	\$	11,773.40	\$ 13.90	.151	\$ 77.97	\$ 2.09
DURABLE MED. EQUIP.	3	13		603.14	46.40	.002	201.05	.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12		252.43	21.04	.002	31.55	.04
MEDICAL TRANSPORTATION	20	423		5,690.99	13.45	.075	284.55	1.01
AMBULANCES/AIR TRANS	20	422		3,890.99	9.22	.075	194.55	.69
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.32
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	24	211.60	8.82	.004	17.63	.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.001	265.92	.05
SPEECH AND AUDIOLOGY	4	7	356.69	50.96	.001	89.17	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	108	363	4,376.61	12.06	.065	40.52	.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	38	111	\$ 11,860.17	\$ 106.85	.020	\$ 312.11	\$ 2.11
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,077
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

2,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,000	3,482	\$ 171,383.68	\$ 49.22	1.173	\$ 171.38	\$ 57.72
@PHYSICIANS SERVICES	170	302	\$ 12,226.41	\$ 40.48	.102	\$ 71.92	\$ 4.12
OUTPATIENT VISITS	117	139	6,059.99	43.60	.047	51.79	2.04
OFFICE VISITS	45	48	1,381.70	28.79	.016	30.70	.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	60	3,220.08	53.67	.020	56.49	1.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	13	27	1,375.23	50.93	.009	105.79	.46
OTHER OUTPATIENT	4	4	82.98	20.75	.001	20.75	.03
INPATIENT VISITS	1	2	187.09	93.55	.001	187.09	.06
HOSPITAL VISITS	1	2	187.09	93.55	.001	187.09	.06
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.02
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,088.56	544.28	.001	544.28	.37
PRINCIPAL SURGEON	2	2	1,088.56	544.28	.001	544.28	.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	17	60	2,376.13	39.60	.020	139.77	.80
PRINCIPAL SURGEON	10	12	1,806.36	150.53	.004	180.64	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	48	569.77	11.87	.016	71.22	.19
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	12	210.73	17.56	.004	23.41	.07
RADIOLOGY	40	54	1,259.27	23.32	.018	31.48	.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	3	4		365.53		91.38	.001	121.84	.12
OTHER SERVICES/ALL X-OVERS	17	28		632.67		22.60	.009	37.22	.21
@PHARMACY	322	763	\$	32,999.38	\$	43.25	.257	102.48	\$ 11.11
PRESCRIPTION DRUGS	319	752		32,731.63		43.53	.253	102.61	11.02
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	319	752		32,731.63		43.53	.253	102.61	11.02
MEDICAL SUPPLIES	7	11		267.75		24.34	.004	38.25	.09
@DENTIST	103	676	\$	15,153.93	\$	22.42	.228	147.13	\$ 5.10
VISITS - DIAGNOSTIC	76	526		5,908.85		11.23	.177	77.75	1.99
ORAL SURGERY	19	33		1,560.75		47.30	.011	82.14	.53
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	4	9		1,634.00		181.56	.003	408.50	.55
RESTORATIVE DENTISTRY	27	86		4,632.00		53.86	.029	171.56	1.56
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	1		230.00		230.00	.000	230.00	.08
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000	112.08	.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	16	18		945.00		52.50	.006	59.06	.32
ALL OTHER SERVICES	2	2		131.25		65.63	.001	65.63	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
KINGS COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM								
					AID CODES 7A 7C 8R 8T				
					----- MONTHLY AVERAGE -----				
					PER UNIT/DAY	PER ELIG	COST PER USER	COST PER ELIGIBLE	

2,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@OPTOMETRIST	25	66 \$	1,651.28	\$ 25.02	.022	\$ 66.05	\$.56
DIAGNOSTIC AND ANC. PROCED	20	20	882.69	44.13	.007	44.13	.30
EYE APPLIANCES	18	45	744.59	16.55	.015	41.37	.25
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	.01
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	132	481 \$	24,302.90	\$ 50.53	.162	\$ 184.11	\$ 8.19
HOSP INPATIENT TOTAL	5	10	13,107.46	1310.75	.003	2621.49	4.41
HSC HOSPITALS	2	4	5,950.01	1487.50	.001	2975.01	2.00
NON-HSC HOSPITAL TOTAL	3	6	7,157.45	1192.91	.002	2385.82	2.41
ACCOMMODATIONS	3	6	2,485.09	414.18	.002	828.36	.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	2,485.09	414.18	.002	828.36	.84
ANCILLARIES	3	0	4,672.36	.00	.000	1557.45	1.57
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	128	471	11,195.44	23.77	.159	87.46	3.77
MEDICAL	34	45	1,617.08	35.94	.015	47.56	.54
SURGERY	15	15	601.36	40.09	.005	40.09	.20
PATHOLOGY	57	191	2,135.21	11.18	.064	37.46	.72
RADIOLOGY	32	36	1,630.33	45.29	.012	50.95	.55
ROOM USE	75	96	4,115.02	42.86	.032	54.87	1.39
CROSSOVERS/ALL OTH OUTPTNT	44	88	1,096.44	12.46	.030	24.92	.37
@COUNTY HOSPITAL TOTAL	1	5	120.76	24.15	.002	120.76	.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	5	120.76	24.15	.002	120.76	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	12.40	6.20	.001	12.40	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	108.36	36.12	.001	108.36	.04
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,079
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						AID CODES 7A 7C 8R 8T
----- MONTHLY AVERAGE -----							
2,969 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	476	\$ 24,182.14	\$ 50.80	.160	\$ 184.60	\$ 8.14

COMM HOSP INPATIENT TOTAL	5	10		13,107.46	1310.75	.003	2621.49	4.41
HSC HOSPITALS	2	4		5,950.01	1487.50	.001	2975.01	2.00
NON-HSC HOSPITALS TOTAL	3	6		7,157.45	1192.91	.002	2385.82	2.41
ACCOMMODATIONS	3	6		2,485.09	414.18	.002	828.36	.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6		2,485.09	414.18	.002	828.36	.84
ANCILLARIES	3	0		4,672.36	.00	.000	1557.45	1.57
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	127	466		11,074.68	23.77	.157	87.20	3.73
MEDICAL	34	45		1,617.08	35.94	.015	47.56	.54
SURGERY	15	15		601.36	40.09	.005	40.09	.20
PATHOLOGY	56	189		2,122.81	11.23	.064	37.91	.71
RADIOLOGY	32	36		1,630.33	45.29	.012	50.95	.55
ROOM USE	74	93		4,006.66	43.08	.031	54.14	1.35
CROSSOVERS/ALL OTH OUTPTNT	44	88		1,096.44	12.46	.030	24.92	.37
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	26	\$	255.75	9.84	.009	127.88	.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	26		255.75	9.84	.009	127.88	.09
@LABORATORY FACILITY	41	95	\$	1,336.85	14.07	.032	32.61	.45
PATHOLOGY	41	95		1,336.85	14.07	.032	32.61	.45
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	351	503	\$	75,888.89	150.87	.169	216.21	25.56
CLINIC	10	24		728.15	30.34	.008	72.82	.25
SURGICENTER	1	6		205.08	34.18	.002	205.08	.07
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	340	473		74,955.66	158.47	.159	220.46	25.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,080
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,969 ELIGIBLES							
@ALL OTHER PROVIDERS	210	570	7,568.29	13.28	.192	36.04	2.55
DURABLE MED. EQUIP.	1	1	91.16	91.16	.000	91.16	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	114	908.95	7.97	.038	181.79	.31

AMBULANCES/AIR TRANS	5	114	908.95	7.97	.038	181.79	.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	45	379.29	8.43	.015	17.24	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	1,045.52	209.10	.002	522.76	.35
PROSTHETICS	2	5	1,045.52	209.10	.002	522.76	.35
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.001	99.19	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	175	399	4,624.18	11.59	.134	26.42	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	46	\$ 6,243.10	\$ 135.72	.015	\$ 624.31	\$ 2.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,081
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,745	14,463	\$ 724,907.64	\$ 50.12	.000	\$ 193.57	\$.00
@PHYSICIANS SERVICES	1,722	6,441	\$ 305,010.39	\$ 47.35	.000	\$ 177.13	\$.00
OUTPATIENT VISITS	1,362	5,105	221,901.12	43.47	.000	162.92	.00
OFFICE VISITS	123	131	2,106.55	16.08	.000	17.13	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1,286	4,974	219,794.57	44.19	.000	170.91	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	121	232	19,374.96	83.51	.000	160.12	.00
PRINCIPAL SURGEON	119	171	16,593.88	97.04	.000	139.44	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	58	61		2,781.08	45.59	.000	47.95	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	410	496		3,706.11	7.47	.000	9.04	.00
RADIOLOGY	459	474		49,083.90	103.55	.000	106.94	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	29	62		2,641.20	42.60	.000	91.08	.00
OTHER SERVICES/ALL X-OVERS	32	72		8,303.10	115.32	.000	259.47	.00
@PHARMACY	529	1,062	\$	22,163.45	20.87	.000	41.90	\$.00
PRESCRIPTION DRUGS	513	1,028		19,651.97	19.12	.000	38.31	.00
SNF/ICF	2	3		54.33	18.11	.000	27.17	.00
OUTPATIENTS	511	1,025		19,597.64	19.12	.000	38.35	.00
MEDICAL SUPPLIES	18	34		2,511.48	73.87	.000	139.53	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,082
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	262	515	\$ 20,750.99	\$ 40.29	.000	\$ 79.20	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	262	515	20,750.99	40.29	.000	79.20	.00
MEDICAL	3	3	270.45	90.15	.000	90.15	.00
SURGERY	11	12	627.05	52.25	.000	57.00	.00
PATHOLOGY	186	359	10,998.66	30.64	.000	59.13	.00
RADIOLOGY	84	90	7,055.28	78.39	.000	83.99	.00
ROOM USE	44	50	1,795.59	35.91	.000	40.81	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.96	3.96	.000	3.96	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,083
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	262	515	\$ 20,750.99	\$ 40.29	.000	\$ 79.20	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	262	515	20,750.99	40.29	.000	79.20	.00
MEDICAL	3	3	270.45	90.15	.000	90.15	.00
SURGERY	11	12	627.05	52.25	.000	57.00	.00
PATHOLOGY	186	359	10,998.66	30.64	.000	59.13	.00
RADIOLOGY	84	90	7,055.28	78.39	.000	83.99	.00
ROOM USE	44	50	1,795.59	35.91	.000	40.81	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.96	3.96	.000	3.96	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,205	2,990	\$	77,213.08	\$	25.82	.000	\$	64.08
PATHOLOGY	1,205	2,990		77,213.08		25.82	.000		64.08
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	1,555	3,330	\$	288,613.30	\$	86.67	.000	\$	185.60
CLINIC	487	869		11,265.60		12.96	.000		23.13
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1,126	2,461		277,347.70		112.70	.000		246.31

#CALIF DEPT OF HEALTH SERV
 MOP024
 KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

PAGE 5,084
 03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	105	125	\$	11,156.43	\$ 89.25	.000	\$ 106.25	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	104	104		10,920.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	21		236.43	11.26	.000	236.43	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,085
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,086
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	0		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,087
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSEOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,088
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,089
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

540 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	448	3,432	\$ 499,248.23	\$ 145.47	6.356	\$ 1114.39	\$ 924.53
@PHYSICIANS SERVICES	202	1,182	\$ 65,609.19	\$ 55.51	2.189	\$ 324.80	\$ 121.50
OUTPATIENT VISITS	105	399	13,729.48	34.41	.739	130.76	25.42
OFFICE VISITS	16	22	696.42	31.66	.041	43.53	1.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	14	992.83	70.92	.026	82.74	1.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	362	12,007.50	33.17	.670	146.43	22.24
OTHER OUTPATIENT	1	1	32.73	32.73	.002	32.73	.06
INPATIENT VISITS	31	170	21,039.40	123.76	.315	678.69	38.96

HOSPITAL VISITS	24	69	3,358.69	48.68	.128	139.95	6.22
CRITICAL CARE	9	101	17,680.71	175.06	.187	1964.52	32.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	322	21,173.02	65.75	.596	460.28	39.21
PRINCIPAL SURGEON	34	36	18,395.02	510.97	.067	541.03	34.06
ASSISTANT SURGEON	2	2	373.00	186.50	.004	186.50	.69
ANESTHESIOLOGIST	13	284	2,405.00	8.47	.526	185.00	4.45
OUTPATIENT SURGERY	11	18	1,637.48	90.97	.033	148.86	3.03
PRINCIPAL SURGEON	10	13	1,488.18	114.48	.024	148.82	2.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	5	149.30	29.86	.009	29.86	.28
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	37	56	700.20	12.50	.104	18.92	1.30
RADIOLOGY	49	134	4,199.00	31.34	.248	85.69	7.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	11	391.95	35.63	.020	39.20	.73
OTHER SERVICES/ALL X-OVERS	28	72	2,738.66	38.04	.133	97.81	5.07
@PHARMACY	118	249	\$ 6,339.06	\$ 25.46	.461	\$ 53.72	\$ 11.74
PRESCRIPTION DRUGS	114	234	5,655.27	24.17	.433	49.61	10.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	114	234	5,655.27	24.17	.433	49.61	10.47
MEDICAL SUPPLIES	11	15	683.79	45.59	.028	62.16	1.27
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,090
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

540 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	7	11	\$	558.98	\$	50.82	.020	\$ 79.85 \$ 1.04
NURSE ANESTHESIST	3	16	\$	379.25	\$	23.70	.030	\$ 126.42 \$.70
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@TOTAL HOSPITAL	121	550	\$	344,150.98	\$	625.73	1.019	\$ 2844.22 \$ 637.32
HOSP INPATIENT TOTAL	48	261		336,300.18		1288.51	.483	7006.25 622.78
HSC HOSPITALS	5	108		178,575.02		1653.47	.200	35715.00 330.69
NON-HSC HOSPITAL TOTAL	43	153		157,725.16		1030.88	.283	3668.03 292.08
ACCOMMODATIONS	43	153		65,569.56		428.56	.283	1524.87 121.43
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	43	153		65,569.56		428.56	.283	1524.87 121.43
ANCILLARIES	43	0		92,155.60		.00	.000	2143.15 170.66
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
HOSP OUTPATIENT TOTAL	88	289		7,850.80		27.17	.535	89.21 14.54
MEDICAL	7	9		475.13		52.79	.017	67.88 .88
SURGERY	19	23		823.17		35.79	.043	43.32 1.52
PATHOLOGY	46	140		2,104.26		15.03	.259	45.74 3.90
RADIOLOGY	15	14		1,103.52		78.82	.026	73.57 2.04
ROOM USE	46	61		2,719.58		44.58	.113	59.12 5.04
CROSSOVERS/ALL OTH OUTPTNT	21	42		625.14		14.88	.078	29.77 1.16
@COUNTY HOSPITAL TOTAL	1	1	\$	37.31	\$	37.31	.002	\$ 37.31 \$.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00 .00
HSC HOSPITALS	0	0		.00		.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
CO HOSP OUTPATIENT TOTAL	1	1		37.31		37.31	.002	37.31 .07
MEDICAL	0	0		.00		.00	.000	.00 .00
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	0	0		.00		.00	.000	.00 .00
RADIOLOGY	0	0		.00		.00	.000	.00 .00
ROOM USE	1	1		37.31		37.31	.002	37.31 .07
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,091
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

540 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	120	549	\$ 344,113.67	\$ 626.80	1.017	\$ 2867.61	\$ 637.25
COMM HOSP INPATIENT TOTAL	48	261	336,300.18	1288.51	.483	7006.25	622.78
HSC HOSPITALS	5	108	178,575.02	1653.47	.200	35715.00	330.69
NON-HSC HOSPITALS TOTAL	43	153	157,725.16	1030.88	.283	3668.03	292.08
ACCOMMODATIONS	43	153	65,569.56	428.56	.283	1524.87	121.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	43	153		65,569.56	428.56	.283	1524.87	121.43
ANCILLARIES	43	0		92,155.60	.00	.000	2143.15	170.66
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	288		7,813.49	27.13	.533	89.81	14.47
MEDICAL	7	9		475.13	52.79	.017	67.88	.88
SURGERY	19	23		823.17	35.79	.043	43.32	1.52
PATHOLOGY	46	140		2,104.26	15.03	.259	45.74	3.90
RADIOLOGY	15	14		1,103.52	78.82	.026	73.57	2.04
ROOM USE	45	60		2,682.27	44.70	.111	59.61	4.97
CROSSOVERS/ALL OTH OUTPTNT	21	42		625.14	14.88	.078	29.77	1.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	122	316	\$	5,216.31	\$ 16.51	.585	\$ 42.76	\$ 9.66
PATHOLOGY	122	316		5,216.31	16.51	.585	42.76	9.66
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	172	480	\$	64,159.39	\$ 133.67	.889	\$ 373.02	\$ 118.81
CLINIC	1	2		111.55	55.78	.004	111.55	.21
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	171	478		64,047.84	133.99	.885	374.55	118.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,092
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	540 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36		628	\$ 12,835.07	\$ 20.44	1.163	\$ 356.53	\$ 23.77
DURABLE MED. EQUIP.	1		17	49.59	2.92	.031	49.59	.09
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		586	10,168.98	17.35	1.085	1016.90	18.83
AMBULANCES/AIR TRANS	10		583	5,818.98	9.98	1.080	581.90	10.78
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	2		3	4,350.00	1450.00	.006	2175.00	8.06
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	24		24	2,520.00	105.00	.044	105.00	4.67

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.002	96.50	.18
PROSTHETICS	1	1	96.50	96.50	.002	96.50	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	2,060	\$ 181,872.47	\$ 88.29	3.815	\$ 20208.05	\$ 336.80
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,093
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

2,117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,160	3,962	\$ 220,328.46	\$ 55.61	1.872	\$ 189.94	\$ 104.08
@PHYSICIANS SERVICES	243	461	\$ 22,590.19	\$ 49.00	.218	\$ 92.96	\$ 10.67
OUTPATIENT VISITS	166	212	9,155.36	43.19	.100	55.15	4.32
OFFICE VISITS	67	77	2,520.84	32.74	.036	37.62	1.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	83	87	4,721.50	54.27	.041	56.89	2.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	14	45	1,852.82	41.17	.021	132.34	.88
OTHER OUTPATIENT	3	3	60.20	20.07	.001	20.07	.03
INPATIENT VISITS	7	17	1,379.74	81.16	.008	197.11	.65
HOSPITAL VISITS	6	13	664.96	51.15	.006	110.83	.31
CRITICAL CARE	2	4	714.78	178.70	.002	357.39	.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	4	160.44	40.11	.002	80.22	.08
EXAMINATIONS	2	4	160.44	40.11	.002	80.22	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	37	4,301.16	116.25	.017	477.91	2.03
PRINCIPAL SURGEON	6	6	3,434.77	572.46	.003	572.46	1.62
ASSISTANT SURGEON	2	2	357.68	178.84	.001	178.84	.17
ANESTHESIOLOGIST	3	29	508.71	17.54	.014	169.57	.24
OUTPATIENT SURGERY	23	47	2,811.56	59.82	.022	122.24	1.33
PRINCIPAL SURGEON	21	25	2,252.38	90.10	.012	107.26	1.06
ASSISTANT SURGEON	1	1	54.73	54.73	.000	54.73	.03
ANESTHESIOLOGIST	7	21	504.45	24.02	.010	72.06	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	40	744.41	18.61	.019	25.67	.35
RADIOLOGY	47	60	1,491.18	24.85	.028	31.73	.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	7	7		170.90		24.41	.003	24.41	.08
OTHER SERVICES/ALL X-OVERS	28	37		2,375.44		64.20	.017	84.84	1.12
@PHARMACY	518	1,424	\$	61,227.04	\$	43.00	.673	118.20	\$ 28.92
PRESCRIPTION DRUGS	513	1,179		60,201.70		51.06	.557	117.35	28.44
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	513	1,179		60,201.70		51.06	.557	117.35	28.44
MEDICAL SUPPLIES	15	245		1,025.34		4.19	.116	68.36	.48
@DENTIST	61	322	\$	9,431.05	\$	29.29	.152	154.61	\$ 4.45
VISITS - DIAGNOSTIC	44	220		2,805.75		12.75	.104	63.77	1.33
ORAL SURGERY	9	14		1,033.00		73.79	.007	114.78	.49
DRUGS	1	1		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		118.00		118.00	.000	118.00	.06
ENDODONTICS	4	7		756.00		108.00	.003	189.00	.36
RESTORATIVE DENTISTRY	27	73		4,443.15		60.87	.034	164.56	2.10
PROSTHETICS	1	2		30.00		15.00	.001	30.00	.01
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		210.15		105.08	.001	105.08	.10
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000	35.00	.02
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,094
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES								
	AID CODE 38								
	----- MONTHLY AVERAGE -----								
2,117 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	23	81	\$	1,800.94	\$ 22.23	.038	\$ 78.30	\$.85	
DIAGNOSTIC AND ANC. PROCED	20	22		944.73	42.94	.010	47.24	.45	
EYE APPLIANCES	20	59		856.21	14.51	.028	42.81	.40	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	24.00	\$	24.00	.000	\$	24.00	\$	.01
MEDICINE/INJECTIONS	1	1		24.00		24.00	.000		24.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	6	\$	404.43	\$	67.41	.003	\$	134.81	\$	.19
NURSE ANESTHESIST	1	8	\$	146.79	\$	18.35	.004	\$	146.79	\$	.07
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	165	587	\$	44,593.94	\$	75.97	.277	\$	270.27	\$	21.06
HOSP INPATIENT TOTAL	11	24		30,028.61		1251.19	.011		2729.87		14.18
HSC HOSPITALS	2	4		4,956.00		1239.00	.002		2478.00		2.34
NON-HSC HOSPITAL TOTAL	9	20		25,072.61		1253.63	.009		2785.85		11.84
ACCOMMODATIONS	8	20		7,632.91		381.65	.009		954.11		3.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	20		7,632.91		381.65	.009		954.11		3.61
ANCILLARIES	9	0		17,439.70		.00	.000		1937.74		8.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	157	563		14,565.33		25.87	.266		92.77		6.88
MEDICAL	39	66		2,634.59		39.92	.031		67.55		1.24
SURGERY	15	18		906.11		50.34	.009		60.41		.43
PATHOLOGY	54	219		2,710.02		12.37	.103		50.19		1.28
RADIOLOGY	36	44		1,777.25		40.39	.021		49.37		.84
ROOM USE	101	129		5,298.25		41.07	.061		52.46		2.50
CROSSOVERS/ALL OTH OUTPTNT	47	87		1,239.11		14.24	.041		26.36		.59
@COUNTY HOSPITAL TOTAL	5	15	\$	516.42	\$	34.43	.007	\$	103.28	\$	.24
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	15		516.42		34.43	.007		103.28		.24
MEDICAL	5	9		262.13		29.13	.004		52.43		.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		29.45		29.45	.000		29.45		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	4	4		144.48		36.12	.002		36.12		.07
CROSSOVERS/ALL OTH OUTPTNT	1	1		80.36		80.36	.000		80.36		.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,095
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	2,117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		160	572	\$ 44,077.52	\$ 77.06	.270	\$ 275.48	\$ 20.82

COMM HOSP INPATIENT TOTAL	11	24		30,028.61	1251.19	.011	2729.87	14.18
HSC HOSPITALS	2	4		4,956.00	1239.00	.002	2478.00	2.34
NON-HSC HOSPITALS TOTAL	9	20		25,072.61	1253.63	.009	2785.85	11.84
ACCOMMODATIONS	8	20		7,632.91	381.65	.009	954.11	3.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	20		7,632.91	381.65	.009	954.11	3.61
ANCILLARIES	9	0		17,439.70	.00	.000	1937.74	8.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	152	548		14,048.91	25.64	.259	92.43	6.64
MEDICAL	34	57		2,372.46	41.62	.027	69.78	1.12
SURGERY	15	18		906.11	50.34	.009	60.41	.43
PATHOLOGY	53	218		2,680.57	12.30	.103	50.58	1.27
RADIOLOGY	36	44		1,777.25	40.39	.021	49.37	.84
ROOM USE	97	125		5,153.77	41.23	.059	53.13	2.43
CROSSOVERS/ALL OTH OUTPTNT	46	86		1,158.75	13.47	.041	25.19	.55
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	53	150	\$	2,961.20	19.74	.071	55.87	1.40
PATHOLOGY	53	150		2,961.20	19.74	.071	55.87	1.40
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	376	554	\$	73,394.99	132.48	.262	195.20	34.67
CLINIC	15	62		1,293.98	20.87	.029	86.27	.61
SURGICENTER	3	14		484.42	34.60	.007	161.47	.23
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	361	478		71,616.59	149.83	.226	198.38	33.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,096
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,117 ELIGIBLES							
@ALL OTHER PROVIDERS	113	368	\$ 3,753.89	\$ 10.20	.174	\$ 33.22	\$ 1.77
DURABLE MED. EQUIP.	1	1	91.16	91.16	.000	91.16	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	25.74	8.58	.001	25.74	.01
MEDICAL TRANSPORTATION	6	140	1,200.66	8.58	.066	200.11	.57

AMBULANCES/AIR TRANS	6	140	1,200.66	8.58	.066	200.11	.57
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	63	512.39	8.13	.030	17.67	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.000	168.00	.08
PROSTHETICS	1	1	168.00	168.00	.000	168.00	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	66.00	66.00	.000	66.00	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	74	159	1,689.94	10.63	.075	22.84	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	43	\$ 3,863.43	\$ 89.85	.020	\$ 482.93	\$ 1.82
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,097
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	129	947	\$ 51,121.17	\$ 53.98	4.209	\$ 396.29	\$ 227.21
@PHYSICIANS SERVICES	32	56	\$ 3,536.16	\$ 63.15	.249	\$ 110.51	\$ 15.72
OUTPATIENT VISITS	17	23	1,052.72	45.77	.102	61.92	4.68
OFFICE VISITS	10	11	289.05	26.28	.049	28.91	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	481.79	80.30	.027	96.36	2.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	6	281.88	46.98	.027	140.94	1.25
INPATIENT VISITS	1	4	108.75	27.19	.018	108.75	.48
HOSPITAL VISITS	1	4	108.75	27.19	.018	108.75	.48
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	1,825.48	456.37	.018	608.49	8.11
PRINCIPAL SURGEON	3	3	1,673.95	557.98	.013	557.98	7.44

ASSISTANT SURGEON	1	1		151.53	151.53	.004	151.53	.67
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		2.19	1.10	.009	2.19	.01
RADIOLOGY	11	16		415.00	25.94	.071	37.73	1.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		37.50	18.75	.009	37.50	.17
OTHER SERVICES/ALL X-OVERS	4	5		94.52	18.90	.022	23.63	.42
@PHARMACY	84	270	\$	24,893.47	\$ 92.20	1.200	\$ 296.35	\$ 110.64
PRESCRIPTION DRUGS	84	253		24,188.84	95.61	1.124	287.96	107.51
SNF/ICF	2	6		1,196.08	199.35	.027	598.04	5.32
OUTPATIENTS	83	247		22,992.76	93.09	1.098	277.02	102.19
MEDICAL SUPPLIES	11	17		704.63	41.45	.076	64.06	3.13
@DENTIST	5	18	\$	536.00	\$ 29.78	.080	\$ 107.20	\$ 2.38
VISITS - DIAGNOSTIC	4	14		128.00	9.14	.062	32.00	.57
ORAL SURGERY	1	3		308.00	102.67	.013	308.00	1.37
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.004	100.00	.44
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,098
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P							

225 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$	345.18	\$ 21.57	.071	\$ 86.30	\$ 1.53
DIAGNOSTIC AND ANC. PROCED	4	4		173.78	43.45	.018	43.45	.77
EYE APPLIANCES	4	12		171.40	14.28	.053	42.85	.76
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	\$	107.00	\$ 13.38	.036	\$ 107.00	\$.48
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	29	230	\$	8,451.39	\$ 36.75	1.022	\$ 291.43	\$ 37.56
HOSP INPATIENT TOTAL	1	3		3,197.84	1065.95	.013	3197.84	14.21
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3		3,197.84	1065.95	.013	3197.84	14.21
ACCOMMODATIONS	1	3		1,308.00	436.00	.013	1308.00	5.81

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,308.00	436.00	.013	1308.00	5.81
ANCILLARIES	1	0	1,889.84	.00	.000	1889.84	8.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	227	5,253.55	23.14	1.009	187.63	23.35
MEDICAL	8	25	848.39	33.94	.111	106.05	3.77
SURGERY	3	3	295.90	98.63	.013	98.63	1.32
PATHOLOGY	18	110	1,601.80	14.56	.489	88.99	7.12
RADIOLOGY	7	8	524.54	65.57	.036	74.93	2.33
ROOM USE	8	18	798.75	44.38	.080	99.84	3.55
CROSSOVERS/ALL OTH OUTPTNT	10	63	1,184.17	18.80	.280	118.42	5.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,099

225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	230	\$ 8,451.39	\$ 36.75	1.022	\$ 291.43	\$ 37.56
COMM HOSP INPATIENT TOTAL	1	3	3,197.84	1065.95	.013	3197.84	14.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	3,197.84	1065.95	.013	3197.84	14.21
ACCOMMODATIONS	1	3	1,308.00	436.00	.013	1308.00	5.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,308.00	436.00	.013	1308.00	5.81
ANCILLARIES	1	0	1,889.84	.00	.000	1889.84	8.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	227	5,253.55	23.14	1.009	187.63	23.35
MEDICAL	8	25	848.39	33.94	.111	106.05	3.77
SURGERY	3	3	295.90	98.63	.013	98.63	1.32
PATHOLOGY	18	110	1,601.80	14.56	.489	88.99	7.12
RADIOLOGY	7	8	524.54	65.57	.036	74.93	2.33
ROOM USE	8	18	798.75	44.38	.080	99.84	3.55
CROSSOVERS/ALL OTH OUTPTNT	10	63	1,184.17	18.80	.280	118.42	5.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	21	\$ 184.17	\$ 8.77	.093	\$ 36.83	\$.82
PATHOLOGY	5	21	184.17	8.77	.093	36.83	.82
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	50	83	\$ 11,841.41	\$ 142.67	.369	\$ 236.83	\$ 52.63
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	50	83	11,841.41	142.67	.369	236.83	52.63

#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

225 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	245	\$	1,226.39	\$ 5.01	1.089	\$ 136.27	\$ 5.45
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	188		1,121.45	5.97	.836	280.36	4.98
AMBULANCES/AIR TRANS	3	184		1,017.62	5.53	.818	339.21	4.52
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	4		103.83	25.96	.018	103.83	.46
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		58.14	9.69	.027	19.38	.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	51		46.80	.92	.227	23.40	.21
@CALIF. CHILDREN SERVICES*	5	97	\$	2,848.70	\$ 29.37	.431	\$ 569.74	\$ 12.66
@XOVER EXCLUDING STATE HOSP**	2	5	\$	106.37	\$ 21.27	.022	\$ 53.19	\$.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,101
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	167	2,044	\$ 138,207.16	\$ 67.62	11.231	\$ 827.59	\$ 759.38
@PHYSICIANS SERVICES	21	339	\$ 614.14	\$ 1.81	1.863	\$ 29.24	\$ 3.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	35.00	35.00	.005	35.00	.19
EXAMINATIONS	1	1	35.00	35.00	.005	35.00	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	338		579.14		1.71	1.857	28.96	3.18
@PHARMACY	104	509	\$	30,092.32	\$	59.12	2.797	\$ 289.35	\$ 165.34
PRESCRIPTION DRUGS	101	497		29,741.29		59.84	2.731	294.47	163.41
SNF/ICF	35	279		16,735.53		59.98	1.533	478.16	91.95
OUTPATIENTS	66	218		13,005.76		59.66	1.198	197.06	71.46
MEDICAL SUPPLIES	6	12		351.03		29.25	.066	58.51	1.93
@DENTIST	0	1	\$	25.00	\$	25.00	.005	\$.00	\$.14
VISITS - DIAGNOSTIC	0	1		25.00		25.00	.005	.00	.14
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,102
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$	84.91	\$ 16.98	.027	\$ 42.46	\$.47
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	2	5		84.91	16.98	.027	42.46	.47
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$	4.60	\$ 1.53	.016	\$ 2.30	\$.03
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		4.60	1.53	.016	2.30	.03
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	17	\$	8,488.56	\$	499.33	.093	\$	943.17	\$	46.64
HOSP INPATIENT TOTAL	3	4		8,392.41		2098.10	.022		2797.47		46.11
HSC HOSPITALS	1	4		5,452.41		1363.10	.022		5452.41		29.96
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		2,940.00		.00	.000		1470.00		16.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	13		96.15		7.40	.071		16.03		.53
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	13		96.15		7.40	.071		16.03		.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,103
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	17	\$ 8,488.56	\$ 499.33	.093	\$ 943.17	\$ 46.64
COMM HOSP INPATIENT TOTAL	3	4	8,392.41	2098.10	.022	2797.47	46.11
HSC HOSPITALS	1	4	5,452.41	1363.10	.022	5452.41	29.96
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	2,940.00	.00	.000	1470.00	16.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	13	96.15	7.40	.071	16.03	.53
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	13		96.15	7.40	.071	16.03	.53
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	41	763	\$	91,938.05	\$ 120.50	4.192	\$ 2242.39	\$ 505.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	41	763		91,938.05	120.50	4.192	2242.39	505.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	6	\$	2,199.52	\$ 366.59	.033	\$ 733.17	\$ 12.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	6		2,199.52	366.59	.033	733.17	12.09
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	44	\$	2,744.03	\$ 62.36	.242	\$ 98.00	\$ 15.08
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		37.35	37.35	.005	37.35	.21
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
KINGS COUNTY

27 43 2,706.68 62.95 .236 100.25 14.87
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
PAGE 5,104
03/14/05

182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	357	\$ 2,016.03	\$ 5.65	1.962	\$ 96.00	\$ 11.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	338	1,852.36	5.48	1.857	142.49	10.18
AMBULANCES/AIR TRANS	4	26	506.74	19.49	.143	126.69	2.78
OTHER TRANS	9	300	1,243.11	4.14	1.648	138.12	6.83
OTHER SERVICES	3	12	102.51	8.54	.066	34.17	.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	94.44	13.49	.038	31.48	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.68	1.68	.005	1.68	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	11	67.55	6.14	.060	9.65	.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	391	\$ 6,985.28	\$ 17.87	2.148	\$ 162.45	\$ 38.38

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,105
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	402	\$ 17,542.50	\$ 43.64	22.333	\$ 797.39	\$ 974.58
@PHYSICIANS SERVICES	7	12	\$ 324.54	\$ 27.05	.667	\$ 46.36	\$ 18.03
OUTPATIENT VISITS	1	1	68.35	68.35	.056	68.35	3.80
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.056	68.35	3.80
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	122.08	122.08	.056	122.08	6.78

HOSPITAL VISITS	1	1		122.08	122.08	.056	122.08	6.78
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	10		134.11	13.41	.556	22.35	7.45
@PHARMACY	11	62	\$	3,605.01	\$ 58.15	3.444	\$ 327.73	\$ 200.28
PRESCRIPTION DRUGS	11	59		3,488.12	59.12	3.278	317.10	193.78
SNF/ICF	1	5		486.58	97.32	.278	486.58	27.03
OUTPATIENTS	10	54		3,001.54	55.58	3.000	300.15	166.75
MEDICAL SUPPLIES	2	3		116.89	38.96	.167	58.45	6.49
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,106
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

	18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$	2.75	\$ 1.38	.111	\$ 2.75	\$.15
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	2		2.75	1.38	.111	2.75	.15
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4	25	\$	7,073.71	282.95	1.389	1768.43	392.98
HOSP INPATIENT TOTAL	2	2		6,846.00	3423.00	.111	3423.00	380.33
HSC HOSPITALS	1	2		3,780.00	1890.00	.111	3780.00	210.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		3,066.00	.00	.000	3066.00	170.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	23		227.71	9.90	1.278	75.90	12.65
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		11.84	11.84	.056	11.84	.66
PATHOLOGY	1	7		73.76	10.54	.389	73.76	4.10
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		32.59	32.59	.056	32.59	1.81
CROSSOVERS/ALL OTH OUTPTNT	3	14		109.52	7.82	.778	36.51	6.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,107
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4	25	\$ 7,073.71	\$ 282.95	1.389	\$ 1768.43	\$ 392.98	
COMM HOSP INPATIENT TOTAL	2	2	6,846.00	3423.00	.111	3423.00	380.33	
HSC HOSPITALS	1	2	3,780.00	1890.00	.111	3780.00	210.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		3,066.00		.00	.000	3066.00	170.33
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	23		227.71		9.90	1.278	75.90	12.65
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	1	1		11.84		11.84	.056	11.84	.66
PATHOLOGY	1	7		73.76		10.54	.389	73.76	4.10
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	1		32.59		32.59	.056	32.59	1.81
CROSSOVERS/ALL OTH OUTPTNT	3	14		109.52		7.82	.778	36.51	6.08
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	2	33	\$	5,093.37	\$	154.34	1.833	\$ 2546.69	\$ 282.97
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2	33		5,093.37		154.34	1.833	2546.69	282.97
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	300.46	\$	300.46	.056	\$ 300.46	\$ 16.69
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		300.46		300.46	.056	300.46	16.69
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	24.68	\$	24.68	.056	\$ 24.68	\$ 1.37
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		24.68		24.68	.056	24.68	1.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,108
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	266	\$ 1,117.98	\$ 4.20	14.778	\$ 139.75	\$ 62.11
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	255	950.75	3.73	14.167	237.69	52.82
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.111	110.71	6.15
OTHER TRANS	4	253	840.04	3.32	14.056	210.01	46.67
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	27.98	13.99	.111	27.98	1.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	139.25	15.47	.500	46.42	7.74
@CALIF. CHILDREN SERVICES*	2	94	\$ 3,959.38	\$ 42.12	5.222	\$ 1979.69	\$ 219.97
@XOVER EXCLUDING STATE HOSP**	10	36	\$ 4,923.44	\$ 136.76	2.000	\$ 492.34	\$ 273.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,109
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	614	9,888	\$ 291,823.39	\$ 29.51	13.079	\$ 475.28	\$ 386.01
@PHYSICIANS SERVICES	101	259	\$ 6,725.55	\$ 25.97	.343	\$ 66.59	\$ 8.90
OUTPATIENT VISITS	46	66	2,356.09	35.70	.087	51.22	3.12
OFFICE VISITS	26	40	994.45	24.86	.053	38.25	1.32

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18		1,135.73	63.10	.024	70.98	1.50
PREVENTIVE CARE	1	1		.00	.00	.001	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7		225.91	32.27	.009	37.65	.30
INPATIENT VISITS	3	12		557.84	46.49	.016	185.95	.74
HOSPITAL VISITS	3	12		557.84	46.49	.016	185.95	.74
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		103.59	34.53	.004	34.53	.14
EXAMINATIONS	3	3		103.59	34.53	.004	34.53	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3		550.44	183.48	.004	275.22	.73
PRINCIPAL SURGEON	2	3		550.44	183.48	.004	275.22	.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	6		539.23	89.87	.008	179.74	.71
PRINCIPAL SURGEON	3	4		447.04	111.76	.005	149.01	.59
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		92.19	46.10	.003	92.19	.12
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	27		78.04	2.89	.036	7.80	.10
RADIOLOGY	10	19		620.99	32.68	.025	62.10	.82
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8		68.85	8.61	.011	17.21	.09
OTHER SERVICES/ALL X-OVERS	46	115		1,850.48	16.09	.152	40.23	2.45
@PHARMACY	350	2,501	\$	91,573.18	\$ 36.61	3.308	\$ 261.64	\$ 121.13
PRESCRIPTION DRUGS	334	1,269		87,812.67	69.20	1.679	262.91	116.15
SNF/ICF	29	205		13,820.71	67.42	.271	476.58	18.28
OUTPATIENTS	305	1,064		73,991.96	69.54	1.407	242.60	97.87
MEDICAL SUPPLIES	41	1,232		3,760.51	3.05	1.630	91.72	4.97
@DENTIST	21	156	\$	5,795.10	\$ 37.15	.206	\$ 275.96	\$ 7.67
VISITS - DIAGNOSTIC	14	57		863.00	15.14	.075	61.64	1.14
ORAL SURGERY	3	19		1,336.00	70.32	.025	445.33	1.77
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.13
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.16
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	33		1,695.00	51.36	.044	242.14	2.24
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	46		1,543.00	33.54	.061	385.75	2.04
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		140.10	140.10	.001	140.10	.19
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	2CR		.00	.00	.003CR	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								
----- MONTHLY AVERAGE -----								
756 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	49	\$	988.10	\$ 20.17	.065	\$ 54.89	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	8	8		309.11	38.64	.011	38.64	.41
EYE APPLIANCES	14	39		669.91	17.18	.052	47.85	.89
OTHER OPTOMETRIC SERVICES	1	2		9.08	4.54	.003	9.08	.01

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	15	\$	151.12	\$	10.07	.020	\$	25.19	\$	.20
MEDICINE/INJECTIONS	1	1		57.20		57.20	.001		57.20		.08
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.003		34.60		.05
OTHER	4	12		59.32		4.94	.016		14.83		.08
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	2	10	\$	177.75	\$	17.78	.013	\$	88.88	\$	.24
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	63	230	\$	28,806.16	\$	125.24	.304	\$	457.24	\$	38.10
HOSP INPATIENT TOTAL	9	18		23,206.92		1289.27	.024		2578.55		30.70
HSC HOSPITALS	2	8		10,020.00		1252.50	.011		5010.00		13.25
NON-HSC HOSPITAL TOTAL	5	10		11,626.24		1162.62	.013		2325.25		15.38
ACCOMMODATIONS	5	10		4,229.54		422.95	.013		845.91		5.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	10		4,229.54		422.95	.013		845.91		5.59
ANCILLARIES	5	0		7,396.70		.00	.000		1479.34		9.78
INPATIENT CROSSOVERS	2	0		1,560.68		.00	.000		780.34		2.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56	212		5,599.24		26.41	.280		99.99		7.41
MEDICAL	8	11		454.03		41.28	.015		56.75		.60
SURGERY	3	3		218.34		72.78	.004		72.78		.29
PATHOLOGY	25	97		1,109.22		11.44	.128		44.37		1.47
RADIOLOGY	10	15		1,810.23		120.68	.020		181.02		2.39
ROOM USE	21	24		1,076.60		44.86	.032		51.27		1.42
CROSSOVERS/ALL OTH OUTPTNT	24	62		930.82		15.01	.082		38.78		1.23
@COUNTY HOSPITAL TOTAL	6	28	\$	1,823.87	\$	65.14	.037	\$	303.98	\$	2.41
CO HOSPITAL INPATIENT TOTAL	1	0		684.68		.00	.000		684.68		.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		684.68		.00	.000		684.68		.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	28		1,139.19		40.69	.037		227.84		1.51
MEDICAL	1	1		46.99		46.99	.001		46.99		.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		130.45		8.70	.020		32.61		.17
RADIOLOGY	4	6		790.74		131.79	.008		197.69		1.05
ROOM USE	4	4		143.93		35.98	.005		35.98		.19
CROSSOVERS/ALL OTH OUTPTNT	2	2		27.08		13.54	.003		13.54		.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,111
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		58	202	\$ 26,982.29	\$ 133.58	.267	\$ 465.21	\$ 35.69

COMM HOSP INPATIENT TOTAL	8	18		22,522.24	1251.24	.024	2815.28	29.79
HSC HOSPITALS	2	8		10,020.00	1252.50	.011	5010.00	13.25
NON-HSC HOSPITALS TOTAL	5	10		11,626.24	1162.62	.013	2325.25	15.38
ACCOMMODATIONS	5	10		4,229.54	422.95	.013	845.91	5.59
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10		4,229.54	422.95	.013	845.91	5.59
ANCILLARIES	5	0		7,396.70	.00	.000	1479.34	9.78
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	1.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	184		4,460.05	24.24	.243	87.45	5.90
MEDICAL	7	10		407.04	40.70	.013	58.15	.54
SURGERY	3	3		218.34	72.78	.004	72.78	.29
PATHOLOGY	21	82		978.77	11.94	.108	46.61	1.29
RADIOLOGY	6	9		1,019.49	113.28	.012	169.92	1.35
ROOM USE	17	20		932.67	46.63	.026	54.86	1.23
CROSSOVERS/ALL OTH OUTPTNT	22	60		903.74	15.06	.079	41.08	1.20
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	32	566	\$	101,318.18	179.01	.749	3166.19	134.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	61		7,634.42	125.15	.081	3817.21	10.10
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	61		33,742.78	553.16	.081	11247.59	44.63
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	28	444		59,940.98	135.00	.587	2140.75	79.29
@INTERMEDIATE CARE FACIL.-DD	3	60	\$	9,807.00	163.45	.079	3269.00	12.97
ICF DDH	3	60		9,807.00	163.45	.079	3269.00	12.97
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	65	\$	3,051.95	46.95	.086	610.39	4.04
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	65		3,051.95	46.95	.086	610.39	4.04
@REHABILITATION FACILITY	2	14	\$	420.69	30.05	.019	210.35	.56
HOSPITAL BASED	2	6		248.77	41.46	.008	124.39	.33
INDEPENDENT FACILITY	1	8		171.92	21.49	.011	171.92	.23
@LABORATORY FACILITY	16	37	\$	414.19	11.19	.049	25.89	.55
PATHOLOGY	16	37		414.19	11.19	.049	25.89	.55
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	150	246	\$	27,914.81	113.47	.325	186.10	36.92
CLINIC	1	4		63.55	15.89	.005	63.55	.08
SURGICENTER	2	8		436.62	54.58	.011	218.31	.58
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	148	234		27,414.64	117.16	.310	185.23	36.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,112
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	123		5,680	\$ 14,679.61	\$ 2.58	7.513	\$ 119.35	\$ 19.42
DURABLE MED. EQUIP.	11		23	3,368.55	146.46	.030	306.23	4.46
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2		6	133.17	22.20	.008	66.59	.18
MEDICAL TRANSPORTATION	19		439	2,988.71	6.81	.581	157.30	3.95

AMBULANCES/AIR TRANS	5	305	1,851.16	6.07	.403	370.23	2.45
OTHER TRANS	10	120	889.89	7.42	.159	88.99	1.18
OTHER SERVICES	4	14	247.66	17.69	.019	61.92	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	22	268.00	12.18	.029	24.36	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	3.12	1.04	.004	1.56	.00
PROSTHETIST/ORTHOTISTS	1	3	79.34	26.45	.004	79.34	.10
PROSTHETICS	1	3	79.34	26.45	.004	79.34	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	210.50	70.17	.004	70.17	.28
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	284	2,991.74	10.53	.376	59.83	3.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	4,897	4,636.48	.95	6.478	171.72	6.13
@CALIF. CHILDREN SERVICES*	14	227	\$ 8,927.84	\$ 39.33	.300	\$ 637.70	\$ 11.81
@XOVER EXCLUDING STATE HOSP**	76	375	\$ 16,102.29	\$ 42.94	.496	\$ 211.87	\$ 21.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,113
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	803	12,334	\$ 447,573.05	\$ 36.29	12.902	\$ 557.38	\$ 468.17
@PHYSICIANS SERVICES	129	610	\$ 7,664.23	\$ 12.56	.638	\$ 59.41	\$ 8.02
OUTPATIENT VISITS	47	67	2,424.44	36.19	.070	51.58	2.54
OFFICE VISITS	26	40	994.45	24.86	.042	38.25	1.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	17	19	1,204.08	63.37	.020	70.83	1.26
PREVENTIVE CARE	1	1	.00	.00	.001	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	225.91	32.27	.007	37.65	.24
INPATIENT VISITS	4	13	679.92	52.30	.014	169.98	.71
HOSPITAL VISITS	4	13	679.92	52.30	.014	169.98	.71
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	138.59	34.65	.004	34.65	.14
EXAMINATIONS	4	4	138.59	34.65	.004	34.65	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	550.44	183.48	.003	275.22	.58
PRINCIPAL SURGEON	2	3	550.44	183.48	.003	275.22	.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	6	539.23	89.87	.006	179.74	.56
PRINCIPAL SURGEON	3	4	447.04	111.76	.004	149.01	.47

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		92.19	46.10	.002	92.19	.10
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	27		78.04	2.89	.028	7.80	.08
RADIOLOGY	10	19		620.99	32.68	.020	62.10	.65
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8		68.85	8.61	.008	17.21	.07
OTHER SERVICES/ALL X-OVERS	72	463		2,563.73	5.54	.484	35.61	2.68
@PHARMACY	465	3,072	\$	125,270.51	\$ 40.78	3.213	\$ 269.40	\$ 131.04
PRESCRIPTION DRUGS	446	1,825		121,042.08	66.32	1.909	271.39	126.61
SNF/ICF	65	489		31,042.82	63.48	.512	477.58	32.47
OUTPATIENTS	381	1,336		89,999.26	67.36	1.397	236.22	94.14
MEDICAL SUPPLIES	49	1,247		4,228.43	3.39	1.304	86.29	4.42
@DENTIST	21	157	\$	5,820.10	\$ 37.07	.164	\$ 277.15	\$ 6.09
VISITS - DIAGNOSTIC	14	58		888.00	15.31	.061	63.43	.93
ORAL SURGERY	3	19		1,336.00	70.32	.020	445.33	1.40
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.10
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.12
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	33		1,695.00	51.36	.035	242.14	1.77
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	46		1,543.00	33.54	.048	385.75	1.61
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		140.10	140.10	.001	140.10	.15
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	2CR		.00	.00	.002CR	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 5,114
 03/14/05

----- MONTHLY AVERAGE -----

956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	20	54 \$	1,073.01	\$ 19.87	.056	\$ 53.65	\$ 1.12
DIAGNOSTIC AND ANC. PROCED	8	8	309.11	38.64	.008	38.64	.32
EYE APPLIANCES	16	44	754.82	17.16	.046	47.18	.79
OTHER OPTOMETRIC SERVICES	1	2	9.08	4.54	.002	9.08	.01
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	20 \$	158.47	\$ 7.92	.021	\$ 17.61	\$.17
MEDICINE/INJECTIONS	1	1	57.20	57.20	.001	57.20	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.002	34.60	.04
OTHER	7	17	66.67	3.92	.018	9.52	.07
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	10 \$	177.75	\$ 17.78	.010	\$ 88.88	\$.19
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	76	272 \$	44,368.43	\$ 163.12	.285	\$ 583.80	\$ 46.41
HOSP INPATIENT TOTAL	14	24	38,445.33	1601.89	.025	2746.10	40.21
HSC HOSPITALS	4	14	19,252.41	1375.17	.015	4813.10	20.14
NON-HSC HOSPITAL TOTAL	5	10	11,626.24	1162.62	.010	2325.25	12.16
ACCOMMODATIONS	5	10	4,229.54	422.95	.010	845.91	4.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10	4,229.54	422.95	.010	845.91	4.42
ANCILLARIES	5	0	7,396.70	.00	.000	1479.34	7.74
INPATIENT CROSSOVERS	5	0	7,566.68	.00	.000	1513.34	7.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	248	5,923.10	23.88	.259	91.12	6.20
MEDICAL	8	11	454.03	41.28	.012	56.75	.47
SURGERY	4	4	230.18	57.55	.004	57.55	.24
PATHOLOGY	26	104	1,182.98	11.37	.109	45.50	1.24
RADIOLOGY	10	15	1,810.23	120.68	.016	181.02	1.89
ROOM USE	22	25	1,109.19	44.37	.026	50.42	1.16
CROSSOVERS/ALL OTH OUTPTNT	33	89	1,136.49	12.77	.093	34.44	1.19
@COUNTY HOSPITAL TOTAL	6	28 \$	1,823.87	\$ 65.14	.029	\$ 303.98	\$ 1.91
CO HOSPITAL INPATIENT TOTAL	1	0	684.68	.00	.000	684.68	.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	684.68	.00	.000	684.68	.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	28	1,139.19	40.69	.029	227.84	1.19
MEDICAL	1	1	46.99	46.99	.001	46.99	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	130.45	8.70	.016	32.61	.14
RADIOLOGY	4	6	790.74	131.79	.006	197.69	.83
ROOM USE	4	4	143.93	35.98	.004	35.98	.15
CROSSOVERS/ALL OTH OUTPTNT	2	2	27.08	13.54	.002	13.54	.03

956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	244	\$ 42,544.56	\$ 174.36	.255	\$ 599.22	\$ 44.50
COMM HOSP INPATIENT TOTAL	13	24	37,760.65	1573.36	.025	2904.67	39.50
HSC HOSPITALS	4	14	19,252.41	1375.17	.015	4813.10	20.14
NON-HSC HOSPITALS TOTAL	5	10	11,626.24	1162.62	.010	2325.25	12.16
ACCOMMODATIONS	5	10	4,229.54	422.95	.010	845.91	4.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10	4,229.54	422.95	.010	845.91	4.42
ANCILLARIES	5	0	7,396.70	.00	.000	1479.34	7.74
INPATIENT CROSSOVERS	4	0	6,882.00	.00	.000	1720.50	7.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	220	4,783.91	21.75	.230	79.73	5.00
MEDICAL	7	10	407.04	40.70	.010	58.15	.43
SURGERY	4	4	230.18	57.55	.004	57.55	.24
PATHOLOGY	22	89	1,052.53	11.83	.093	47.84	1.10
RADIOLOGY	6	9	1,019.49	113.28	.009	169.92	1.07
ROOM USE	18	21	965.26	45.96	.022	53.63	1.01
CROSSOVERS/ALL OTH OUTPTNT	31	87	1,109.41	12.75	.091	35.79	1.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	75	1,362	\$ 198,349.60	\$ 145.63	1.425	\$ 2644.66	\$ 207.48
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	61	7,634.42	125.15	.064	3817.21	7.99
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	61	33,742.78	553.16	.064	11247.59	35.30
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	71	1,240	156,972.40	126.59	1.297	2210.88	164.20
@INTERMEDIATE CARE FACIL.-DD	3	60	\$ 9,807.00	\$ 163.45	.063	\$ 3269.00	\$ 10.26
ICF DDH	3	60	9,807.00	163.45	.063	3269.00	10.26
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	72	\$ 5,551.93	\$ 77.11	.075	\$ 616.88	\$ 5.81
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	72	5,551.93	77.11	.075	616.88	5.81
@REHABILITATION FACILITY	2	14	\$ 420.69	\$ 30.05	.015	\$ 210.35	\$.44
HOSPITAL BASED	2	6	248.77	41.46	.006	124.39	.26
INDEPENDENT FACILITY	1	8	171.92	21.49	.008	171.92	.18
@LABORATORY FACILITY	16	37	\$ 414.19	\$ 11.19	.039	\$ 25.89	\$.43
PATHOLOGY	16	37	414.19	11.19	.039	25.89	.43
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	179	291	\$ 30,683.52	\$ 105.44	.304	\$ 171.42	\$ 32.10
CLINIC	1	4	63.55	15.89	.004	63.55	.07
SURGICENTER	3	9	473.97	52.66	.009	157.99	.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	176	278	30,146.00	108.44	.291	171.28	31.53

#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

956 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	152	6,303	\$	17,813.62	\$ 2.83	6.593	\$ 117.19	\$ 18.63
DURABLE MED. EQUIP.	11	23		3,368.55	146.46	.024	306.23	3.52
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	6		133.17	22.20	.006	66.59	.14
MEDICAL TRANSPORTATION	36	1,032		5,791.82	5.61	1.079	160.88	6.06
AMBULANCES/AIR TRANS	10	333		2,468.61	7.41	.348	246.86	2.58
OTHER TRANS	23	673		2,973.04	4.42	.704	129.26	3.11
OTHER SERVICES	7	26		350.17	13.47	.027	50.02	.37
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	29		362.44	12.50	.030	25.89	.38
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4		4.80	1.20	.004	1.60	.01
PROSTHETIST/ORTHOTISTS	1	3		79.34	26.45	.003	79.34	.08
PROSTHETICS	1	3		79.34	26.45	.003	79.34	.08
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3		210.50	70.17	.003	70.17	.22
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	51	286		3,019.72	10.56	.299	59.21	3.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	4,917		4,843.28	.99	5.143	130.90	5.07
@CALIF. CHILDREN SERVICES*	16	321	\$	12,887.22	\$ 40.15	.336	\$ 805.45	\$ 13.48
@XOVER EXCLUDING STATE HOSP**	129	802	\$	28,011.01	\$ 34.93	.839	\$ 217.14	\$ 29.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,117
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	350,433 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	207,543		2,857,515	\$ 95,272,820.21	\$ 33.34	8.154	\$ 459.05	\$ 271.87
@PHYSICIANS SERVICES	50,573		178,849	\$ 6,477,355.03	\$ 36.22	.510	\$ 128.08	\$ 18.48
OUTPATIENT VISITS	28,710		48,215	2,063,141.92	42.79	.138	71.86	5.89
OFFICE VISITS	10,647		13,903	414,880.01	29.84	.040	38.97	1.18
HOME VISITS	15		17	786.93	46.29	.000	52.46	.00
EMERGENCY ROOM	13,933		16,736	1,001,267.78	59.83	.048	71.86	2.86
PREVENTIVE CARE	23		24	909.88	37.91	.000	39.56	.00
OB VISITS/COMPRE PERI	4,146		15,973	592,149.71	37.07	.046	142.82	1.69
OTHER OUTPATIENT	1,301		1,562	53,147.61	34.03	.004	40.85	.15
INPATIENT VISITS	2,697		9,624	575,246.11	59.77	.027	213.29	1.64
HOSPITAL VISITS	2,436		7,825	364,426.79	46.57	.022	149.60	1.04
CRITICAL CARE	191		1,399	196,057.26	140.14	.004	1026.48	.56
SNF/ICF/TRANS IP CARE	177		400	14,762.06	36.91	.001	83.40	.04
OPHTHALMOLOGICAL SERVICES	350		442	17,737.08	40.13	.001	50.68	.05
EXAMINATIONS	350		442	17,737.08	40.13	.001	50.68	.05
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	2,451	10,437		1,150,896.68	110.27	.030	469.56	3.28
PRINCIPAL SURGEON	1,753	2,061		956,924.85	464.30	.006	545.88	2.73
ASSISTANT SURGEON	309	310		59,493.38	191.91	.001	192.54	.17
ANESTHESIOLOGIST	703	8,066		134,478.45	16.67	.023	191.29	.38
OUTPATIENT SURGERY	3,181	8,407		544,826.18	64.81	.024	171.28	1.55
PRINCIPAL SURGEON	2,698	3,256		455,999.56	140.05	.009	169.01	1.30
ASSISTANT SURGEON	14	14		2,093.34	149.52	.000	149.52	.01
ANESTHESIOLOGIST	804	5,137		86,733.28	16.88	.015	107.88	.25
DIALYSIS	112	564		40,962.80	72.63	.002	365.74	.12
PATHOLOGY	4,424	8,788		124,396.13	14.16	.025	28.12	.35
RADIOLOGY	12,182	19,631		634,996.39	32.35	.056	52.13	1.81
PSYCHIATRY	1	1		31.08	31.08	.000	31.08	.00
IMMUNIZATION AND INJECTION	1,099	15,111		547,211.85	36.21	.043	497.92	1.56
OTHER SERVICES/ALL X-OVERS	15,394	57,629		777,908.81	13.50	.164	50.53	2.22
@PHARMACY	114,482	1,529,259	\$	26,652,756.79	\$ 17.43	4.364	\$ 232.81	\$ 76.06
PRESCRIPTION DRUGS	112,441	388,552		25,510,102.47	65.65	1.109	226.88	72.80
SNF/ICF	3,381	25,739		1,812,416.95	70.42	.073	536.06	5.17
OUTPATIENTS	109,221	362,813		23,697,685.52	65.32	1.035	216.97	67.62
MEDICAL SUPPLIES	10,311	1,140,707		1,142,654.32	1.00	3.255	110.82	3.26
@DENTIST	13,919	82,838	\$	2,429,674.14	\$ 29.33	.236	\$ 174.56	\$ 6.93
VISITS - DIAGNOSTIC	10,764	58,678		716,150.75	12.20	.167	66.53	2.04
ORAL SURGERY	2,046	4,768		290,481.66	60.92	.014	141.98	.83
DRUGS	74	101		1,541.00	15.26	.000	20.82	.00
ANESTHESIA	268	276		26,700.00	96.74	.001	99.63	.08
PERIODONTICS	715	789		77,767.60	98.56	.002	108.77	.22
ENDODONTICS	1,109	1,917		284,423.49	148.37	.005	256.47	.81
RESTORATIVE DENTISTRY	4,019	12,733		721,600.04	56.67	.036	179.55	2.06
PROSTHETICS	86	93		2,135.00	22.96	.000	24.83	.01
DENTURES, STAYPLATES	515	1,761		178,077.80	101.12	.005	345.78	.51
SPACE MAINTAINERS	122	153		17,120.00	111.90	.000	140.33	.05
MAXILLOFACIAL SERVICES	450	470		49,139.02	104.55	.001	109.20	.14
FRACTURES, DISLOCATIONS	2	2		1,425.53	712.77	.000	712.77	.00
ORTHODONTIC SERVICES	617	775		60,030.00	77.46	.002	97.29	.17
ALL OTHER SERVICES	357	322		3,082.25	9.57	.001	8.63	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,118
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

350,433 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,836		18,028	\$ 398,305.37	\$ 22.09	.051	\$ 68.25	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	4,153		4,511	184,801.77	40.97	.013	44.50	.53
EYE APPLIANCES	4,668		13,253	206,473.99	15.58	.038	44.23	.59
OTHER OPTOMETRIC SERVICES	203		264	7,029.61	26.63	.001	34.63	.02
@CHIROPRACTOR	69		130	\$ 2,135.98	\$ 16.43	.000	\$ 30.96	\$.01
VISITS	65		124	2,052.38	16.55	.000	31.58	.01
OTHER SERVICES	4		6	83.60	13.93	.000	20.90	.00
@PODIATRIST	358		625	\$ 6,404.65	\$ 10.25	.002	\$ 17.89	\$.02
MEDICINE/INJECTIONS	46		58	1,614.40	27.83	.000	35.10	.00
SURGERY/ANES.	3		4	696.03	174.01	.000	232.01	.00
RADIO./PATHOLOGY	10		17	297.54	17.50	.000	29.75	.00
OTHER	310		546	3,796.68	6.95	.002	12.25	.01
@HOME HEALTH AGENCY	572		4,128	\$ 205,679.47	\$ 49.83	.012	\$ 359.58	\$.59
NURSE ANESTHESIST	241		1,454	\$ 28,786.04	\$ 19.80	.004	\$ 119.44	\$.08
NURSE MIDWIFE	1		1	\$ 8.08	\$ 8.08	.000	\$ 8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	14	22	\$	645.28	\$	29.33	.000	\$	46.09	\$	.00
@TOTAL HOSPITAL	32,363	147,652	\$	21,978,816.14	\$	148.86	.421	\$	679.13	\$	62.72
HOSP INPATIENT TOTAL	3,557	12,984		18,531,418.79		1427.25	.037		5209.85		52.88
HSC HOSPITALS	662	4,027		6,627,752.82		1645.83	.011		10011.71		18.91
NON-HSC HOSPITAL TOTAL	2,392	8,957		11,411,470.95		1274.03	.026		4770.68		32.56
ACCOMMODATIONS	2,384	8,957		4,025,990.09		449.48	.026		1688.75		11.49
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2,383	8,956		4,025,758.79		449.50	.026		1689.37		11.49
ANCILLARIES	2,390	0		7,385,480.86		.00	.000		3090.16		21.08
INPATIENT CROSSOVERS	534	0		492,195.02		.00	.000		921.71		1.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	30,047	134,668		3,447,397.35		25.60	.384		114.73		9.84
MEDICAL	8,111	14,059		495,298.49		35.23	.040		61.07		1.41
SURGERY	2,629	2,958		126,823.22		42.87	.008		48.24		.36
PATHOLOGY	12,561	54,102		673,268.03		12.44	.154		53.60		1.92
RADIOLOGY	8,097	11,076		786,602.84		71.02	.032		97.15		2.24
ROOM USE	16,701	22,096		899,055.97		40.69	.063		53.83		2.57
CROSSOVERS/ALL OTH OUTPTNT	11,301	30,377		466,348.80		15.35	.087		41.27		1.33
@COUNTY HOSPITAL TOTAL	176	611	\$	98,024.04	\$	160.43	.002	\$	556.95	\$	.28
CO HOSPITAL INPATIENT TOTAL	19	60		78,639.73		1310.66	.000		4138.93		.22
HSC HOSPITALS	18	60		77,955.05		1299.25	.000		4330.84		.22
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		684.68		.00	.000		684.68		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	165	551		19,384.31		35.18	.002		117.48		.06
MEDICAL	57	87		3,777.06		43.41	.000		66.26		.01

SURGERY	13	16	1,031.56	64.47	.000	79.35	.00
PATHOLOGY	51	169	2,141.00	12.67	.000	41.98	.01
RADIOLOGY	22	32	3,177.26	99.29	.000	144.42	.01
ROOM USE	96	126	5,423.63	43.04	.000	56.50	.02
CROSSOVERS/ALL OTH OUTPTNT	59	121	3,833.80	31.68	.000	64.98	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,119
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

350,433 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32,216	147,041	\$ 21,880,792.10	\$ 148.81	.420	\$ 679.19	\$ 62.44
COMM HOSP INPATIENT TOTAL	3,538	12,924	18,452,779.06	1427.79	.037	5215.60	52.66
HSC HOSPITALS	644	3,967	6,549,797.77	1651.07	.011	10170.49	18.69
NON-HSC HOSPITALS TOTAL	2,392	8,957	11,411,470.95	1274.03	.026	4770.68	32.56
ACCOMMODATIONS	2,384	8,957	4,025,990.09	449.48	.026	1688.75	11.49
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,383	8,956	4,025,758.79	449.50	.026	1689.37	11.49
ANCILLARIES	2,390	0	7,385,480.86	.00	.000	3090.16	21.08
INPATIENT CROSSOVERS	533	0	491,510.34	.00	.000	922.16	1.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	29,907	134,117	3,428,013.04	25.56	.383	114.62	9.78
MEDICAL	8,060	13,972	491,521.43	35.18	.040	60.98	1.40
SURGERY	2,617	2,942	125,791.66	42.76	.008	48.07	.36
PATHOLOGY	12,514	53,933	671,127.03	12.44	.154	53.63	1.92
RADIOLOGY	8,076	11,044	783,425.58	70.94	.032	97.01	2.24
ROOM USE	16,616	21,970	893,632.34	40.68	.063	53.78	2.55
CROSSOVERS/ALL OTH OUTPTNT	11,248	30,256	462,515.00	15.29	.086	41.12	1.32
@STATE HOSPITAL	22	640	\$ 305,819.30	\$ 477.84	.002	\$ 13900.88	\$.87
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	22	640	305,819.30	477.84	.002	13900.88	.87
@NURSING FACILITY	3,250	89,414	\$ 10,902,144.12	\$ 121.93	.255	\$ 3354.51	\$ 31.11
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	47	1,599	182,153.98	113.92	.005	3875.62	.52
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	68	2,225	1,278,400.16	574.56	.006	18800.00	3.65
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,154	85,590	9,441,589.98	110.31	.244	2993.53	26.94
@INTERMEDIATE CARE FACIL.-DD	301	9,115	\$ 1,462,724.12	\$ 160.47	.026	\$ 4859.55	\$ 4.17
ICF DDH	254	7,579	1,158,796.30	152.90	.022	4562.19	3.31
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	47	1,536	303,927.82	197.87	.004	6466.55	.87
@HEMODIALYSIS TOTAL	694	10,746	\$ 738,919.54	\$ 68.76	.031	\$ 1064.73	\$ 2.11
HOSPITAL BASED	3	5	13,070.10	2614.02	.000	4356.70	.04
HEMODIALYSIS CENTER	691	10,741	725,849.44	67.58	.031	1050.43	2.07
@REHABILITATION FACILITY	174	566	\$ 21,747.44	\$ 38.42	.002	\$ 124.99	\$.06
HOSPITAL BASED	172	532	21,319.77	40.07	.002	123.95	.06
INDEPENDENT FACILITY	3	34	427.67	12.58	.000	142.56	.00
@LABORATORY FACILITY	12,068	33,599	\$ 582,459.65	\$ 17.34	.096	\$ 48.26	\$ 1.66
PATHOLOGY	12,000	33,450	580,168.36	17.34	.095	48.35	1.66
XO AND OTHERS	75	149	2,291.29	15.38	.000	30.55	.01
@ORGANIZED OUTPATIENT CLINIC	85,060	153,256	\$ 20,478,325.15	\$ 133.62	.437	\$ 240.75	\$ 58.44
CLINIC	1,858	5,349	101,298.00	18.94	.015	54.52	.29
SURGICENTER	841	3,605	157,525.21	43.70	.010	187.31	.45
HEROIN DETOX CLINIC	11	195	2,032.06	10.42	.001	184.73	.01

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 KINGS COUNTY

82,935 144,107 20,217,469.88 140.29 .411 243.77 57.69
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,120
 FEE-FOR-SERVICE/DENTAL 03/14/05
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

						----- MONTHLY AVERAGE -----		
350,433 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	25,922	597,193	\$ 2,600,113.92	\$ 4.35	1.704	\$ 100.31	\$ 7.42	
DURABLE MED. EQUIP.	1,048	2,636	426,526.96	161.81	.008	406.99	1.22	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	441	735	72,525.99	98.67	.002	164.46	.21	
MEDICAL TRANSPORTATION	3,940	166,880	846,141.70	5.07	.476	214.76	2.41	
AMBULANCES/AIR TRANS	2,772	54,709	505,905.51	9.25	.156	182.51	1.44	
OTHER TRANS	824	109,355	275,129.54	2.52	.312	333.90	.79	
OTHER SERVICES	579	2,816	65,106.65	23.12	.008	112.45	.19	
ACUPUNCTURE	6	12	248.69	20.72	.000	41.45	.00	
ADULT DAY HEALTH CARE CTR	40	539	37,573.22	69.71	.002	939.33	.11	
GENETIC DISEASE TESTING	781	782	82,062.00	104.94	.002	105.07	.23	
IHMC,MODEL-NF,NF,AIDS,MSSP	307	1,379	96,280.28	69.82	.004	313.62	.27	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	4,269	9,126	95,512.70	10.47	.026	22.37	.27	
PHYSICAL THERAPIST	51	545	7,729.73	14.18	.002	151.56	.02	
PORTABLE X-RAY	57	118	852.02	7.22	.000	14.95	.00	
PROSTHETIST/ORTHOTISTS	237	489	55,614.49	113.73	.001	234.66	.16	
PROSTHETICS	231	480	55,246.77	115.10	.001	239.16	.16	
ORTHOTICS	6	9	367.72	40.86	.000	61.29	.00	
PSYCHOLOGIST	36	112	7,547.88	67.39	.000	209.66	.02	
SPEECH AND AUDIOLOGY	369	818	61,989.56	75.78	.002	167.99	.18	
HOSPICE SERVICES	33	690	82,495.92	119.56	.002	2499.88	.24	
NONINST BIRTHING CENTERS	1	21	236.43	11.26	.000	236.43	.00	
LOCAL EDUCATION AGENCIES	11,164	39,245	405,484.45	10.33	.112	36.32	1.16	
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	.012	13629.06	.31	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	4,327	368,837	212,259.40	.58	1.053	49.05	.61	
@CALIF. CHILDREN SERVICES*	1,855	56,830	\$ 4,945,627.97	\$ 87.02	.162	\$ 2666.11	\$ 14.11	
@XOVER EXCLUDING STATE HOSP**	12,098	110,205	\$ 2,069,948.97	\$ 18.78	.314	\$ 171.10	\$ 5.91	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.